**SEN Transition Summary for a Pre 5 child receiving SEN Support who is transferring into your nursery/reception class in September …….**

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| Child’s name | Date of Birth | | | Parent/Carer |
| Child’s address | | | Home contact telephone number | |
| Name and address of setting | | | Setting telephone | |
| Name of setting SENCO | | | | |
| Date child started at setting | | Date placed on SEN Support | | |

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| **The views, interests and aspirations of the young person and his/her family** | |
| What is my history? |  |
| What are my home circumstances? |  |
| Who are my family and important people in my life? |  |
| What are my health needs? |  |

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| **Likes and preferences** | |
| What are my likes and hobbies? |  |
| What am I good at doing? |  |
| Things I don’t like? |  |
| What’s important for me? |  |

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| **Support Needs** |
| **Area of Need: Cognition and Learning** *(Learning and play skills; attention to task; early literacy/numeracy skills).*   |  |  | | --- | --- | | **Current development level:** EYFS / Developmental Journal  *(please include date of assessment , age in months and developmental step)* | SEN Range | |  |  |   What can I do now?  Additional support currently in place for me:  My next steps: |

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| **Area of Need: Communication and Interaction** *(Home language, Expressive and Receptive language, Listening & Attention, Understanding, Speaking, speech sounds, social communication)*   |  |  | | --- | --- | | **Current development level:** EYFS / Developmental Journal  *(please include date of assessment , age in months and developmental step)* | SEN Range | |  |  |   What can I do now?  Additional support currently in place for me:  My next steps: |

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| **Area of Need: Social, Emotional and Mental Health Needs** (*Making Relationships, Self Confidence/Self-Awareness, Managing Feelings & Behaviour, Play skills and interests)*   |  |  | | --- | --- | | **Current development level: EYFS / Developmental Journal**  *(please include date of assessment , age in months and developmental step)* | SEN Range | |  |  |   What can I do now?  Additional support currently in place for me:  My next steps: |

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| **Area of Need: Sensory and or Physical Needs** *(Vision, hearing and multi-sensory needs; Moving & Handling, Health & Self Care)*   |  |  | | --- | --- | | **Current development level:** EYFS / Developmental Journal  *(please include date of assessment , age in months and developmental step)* | SEN Range | |  |  |   What can I do now?  Additional support currently in place for me:  My next steps: |

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| **Summary of health needs which relate to identified special educational needs.** *(E.g. splints, learning aids, glasses, medication, continence, dietary needs and allergies).* |
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| **Additional Support** |
| Is the child in receipt of Early Years Inclusion Panel Funding? Yes/No  If yes please indicate % of funding allocated and current funding period: |
| **For children with developmental needs at Range 4**  Has a My Support Plan/Education Health and Care Assessment Request been submitted? Yes /No  Date of submission:  Has the MSP/EHC assessment been agreed? Yes/No |

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| **Children’s Social Care Involvement Yes /No**  *(If yes please give date of involvement)* |
| Type of Involvement |
| Child Protection Plan |
| Child in Need Plan |
| Looked After Child |
| Early Help |

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| **Please provide the details of any professionals /agencies that are currently involved with the child.** | | |
| **Name** | **Agency** | **Contact Details** |
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| **Supporting documentation** (with author’s permission) | | | **Attached**  **Yes/No** |
| Individual Support Plans/ Review | | |  |
| Provision Map | | |  |
| My Learning Picture | | |  |
| Early Support Developmental Journal | | |  |
| Information from Parents/Carers | | |  |
| Health Care Plan | | |  |
| Child Focused Risk Assessment | | |  |
| Other……… | | |  |
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| **I give my consent for the above information to be shared with my child’s receiving school SENCO**.  Parents/Carers signature Date |
| Setting SENCO Signature Date |