Photo/Self-portrait

**My First Transition**

To

Date

My name is

I like to be called

pronounced as

My birthday is and today I am months old.

My family and people that are important to me are

and I live with

My key person is

I also attend ­­­­­

Things that I like, and I am happy doing are

Things that I don’t like, and I find difficult are

My current fascinations and interests, including any known schema/repeated patterns of play

I learn best when

I communicate by

My family and people who care about me would like you to know

My wellbeing is best supported by

Is there anything I need to have in place before I start?

**My Languages and Cultures**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| My preferred language is  The languages I understand/speak are | | | | | |
| Key ‘survival’ words in my preferred language | | In English it means | Pronunciation | I know this word | I use this word |
|  | |  |  |  |  |
|  | |  |  |  |  |
| What I understand and what I can say in my preferred language:  In English: | | | | | |
| My favourite stories and rhymes in my preferred language are:  In English: | | | | | |
|  | | |  | | |
| My family has been in the UK since  My religion/faith is  The religious/cultural festivals I celebrate are | | | | | |
|  | Language(s) spoken | | Language(s) written | **Time spent with me** | |
| Parent/carer |  | |  |  | |
| Parent/carer |  | |  |  | |
| Grandparents |  | |  |  | |
| Siblings |  | |  |  | |

Is there anything I need to have in place before I start?

**Health/Medical Information**

*Please refer to the Personal Child Health Record (red book)*

Health Visitor checks:

Kent Integrated Review at 2:

|  |  |
| --- | --- |
| EYFS Progress Check at Age 2  Health and Development Review | Referral to Health Visiting for   * a package of care * an integrated review meeting |
| Any outcomes: |  |

Next Health Visitor Check (if applicable):

Eating & Drinking Stages and Preferences (see [Eatsafe](https://www.kscmp.org.uk/guidance/eatsafe) guidelines):

Allergies:

Medical History:

Medications:

Health/medical/education professionals involved:

Is there anything I need to have in place before I start?

**Additional Information (if this applies to me):**

I am currently supported at my other setting through a

Targeted Plan  Personalised Plan  EHCP

I am receiving/have applied for Disability Living Allowance

**I am/have been supported by:**

a Social Worker Early Help

My family is in the Armed Forces

Is there anything else my new setting needs to know?

Is there anything I need to have in place before I start?

**My First Transition Action Plan**

Agreed start date:

Settling in period arrangements:

What needs to be in place **before** I start

|  |  |  |
| --- | --- | --- |
| **Action** | **By whom** | **By when** |
|  |  |  |
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|  |  |  |

I/we give consent for contacting the relevant professionals in order to support my child’s transition to this setting

A picture containing text

Description automatically generatedParent’s signature(s): Date: