

Name: My New School is:

Starting School in Essex



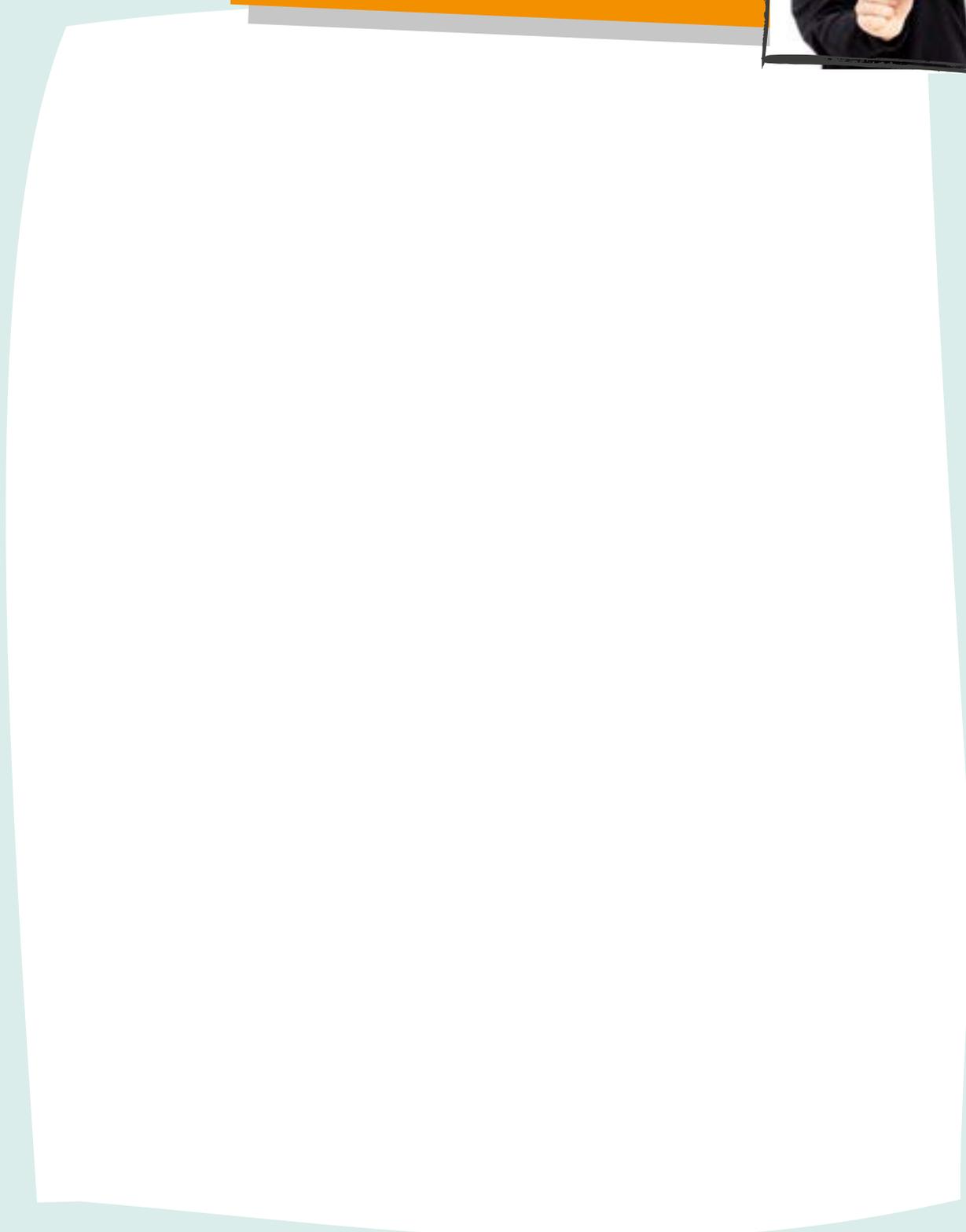
For great ideas and advice on helping your child to get ready for school, visit tlc-essex.info

My Transition to School Passport

Child's name:			Child's date of birth:		
Family like child to be known as:			Child's position in family:		
Name of Early Years provider:			Provider telephone number & email address:		
Dates of attendance at this provider:	From:		To:		
Does this child attend any other providers?	Yes <input type="checkbox"/>		No <input type="checkbox"/>		
If YES, please detail:					
Number of sessions currently attended:	<input type="text"/>	Is attendance regular?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If NO, please detail:					
Languages spoken? please list:					
Any concerns about language development in the home language?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Has an <i>All About Me-language profile</i> been completed for this child?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
If Yes please attach or see link to this at the end of this document.					
In receipt of EYPP:	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Previously received FEEE2:	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
In receipt of D.A.F:	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Known medical conditions (inc. allergies):	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
If YES, school to consult parents and school admission form for further information					
SEND/Health/Speech/Emotional support: Is a One Plan in place for this child? If YES, please attach	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Is an EHCP in place for this child?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Is the child on the SEND support register?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
If YES, please comment.					

This is me -

draw or take a selfie!



These are the things

I am interested in



What do I think

about starting school?



I know I am ready

to start school because...



What does my family think

about me starting school?



My key person thinks I am ready

to start school because



When I start school



I might need some help with?
(eg. leaving my family; making new friends; going to the toilet...)

Learning Development Summary

Name: _____

Age in months at time of summary _____

Characteristics of Effective Learning Summary

Playing and Exploring	Active Learning	Creating and Thinking Critically	
Area of Learning and Development	Aspect	'best-fit' age/stage	Brief comments of any significant strengths/areas for development
Communication and language	L & A	0-11 8-20 16-26 22-36 30-50 40-60+	
	UND	0-11 8-20 16-26 22-36 30-50 40-60+	
	SPEAKING	0-11 8-20 16-26 22-36 30-50 40-60+	
Physical development	M & H	0-11 8-20 16-26 22-36 30-50 40-60+	
	H & SC	0-11 8-20 16-26 22-36 30-50 40-60+	
Personal, social and emotional development	SC & SA	0-11 8-20 16-26 22-36 30-50 40-60+	
	MF & B	0-11 8-20 16-26 22-36 30-50 40-60+	
	MR	0-11 8-20 16-26 22-36 30-50 40-60+	
Literacy	SC & SA	0-11 8-20 16-26 22-36 30-50 40-60+	
	MF & B	0-11 8-20 16-26 22-36 30-50 40-60+	
Mathematics	NUMBER	0-11 8-20 16-26 22-36 30-50 40-60+	
	S SM	0-11 8-20 16-26 22-36 30-50 40-60+	
Understanding the world	P & C	0-11 8-20 16-26 22-36 30-50 40-60+	
	THE WORLD	0-11 8-20 16-26 22-36 30-50 40-60+	
	TECH	0-11 8-20 16-26 22-36 30-50 40-60+	
Expressive arts and design	EM & M	0-11 8-20 16-26 22-36 30-50 40-60+	
	CREATIVE	0-11 8-20 16-26 22-36 30-50 40-60+	

Signed by Early Years Provider :	Date
Parental consent to share this information with school obtained	Yes <input type="checkbox"/> No <input type="checkbox"/>
Signed (parent/carer):	Date



You can find out more to help your child be ready to start school by following the links below:

This information is issued by:
Essex County Council
Early Years and Childcare

Contact us:
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www.tlc.essex.info
03457 430 430

Early years and Childcare
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