**📝 Reception Transition Form**

This form is designed to support all children transitioning into reception and to ensure key information is shared appropriately between settings.

It includes sections for children with **additional needs** or **support plans**, but not all sections will apply to every child.

**Practitioners should complete only the relevant sections** for the child. You may skip or delete any section not applicable.

**✅ 1. Consent Confirmation**

I confirm that I have received appropriate consent to share information with the named child’s feeder school via this form.

**👶 2. Child Starting Reception Class**

* **Child’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Home Language (fluency, communication preference):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Receiving School:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Start Date at Nursery / Childminder:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Full time / part time nursery place** Choose an item.
* **Attendance (good / poor?)** Choose an item.

**🏫 3. Nursery or Childminder**

* **Nursery / Childminder’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Nursery Contact Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Role:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**🌟 6. Child Profile**

Please indicate if the child is working at Age-Related Expectations (ARE) in each area.

Alternatively, you could attach a report here (school end of year report / PEP) and delete this section.

**EYFS Areas of Learning and Development**

Tick one for each area:

1. **Communication and Language**  
    Secure at ARE  Working towards ARE
2. **Personal, Social and Emotional Development (PSED)** Secure at ARE  Working towards ARE
3. **Physical Development** Secure at ARE  Working towards ARE
4. **Literacy** Secure at ARE  Working towards ARE
5. **Mathematics** Secure at ARE  Working towards ARE
6. **Understanding the World**

Secure at ARE  Working towards ARE

1. **Expressive Arts & Design** Secure at ARE  Working towards ARE

**🌟 6. Child Profile**

**Strengths and interests** (*What makes the child unique? How do they learn? What do they like? What are the characteristics of effective learning?)*

Free text box

**🗣️ 7. Voice of the Child and Parent or Carer**

Parent or Carer View: How do you and your child feel about starting in Reception Class?  
😁😀🙂😐🙁☹  
**Comment - what do parents want school to know?**

Free text box

**💷 8. Funding and Support *(Complete only if applicable)***

Tick all that apply:

Early Years Pupil Premium (EYPP)  
 Looked After Child (LAC)  
 Early Years Inclusion Fund (EYIF) – Level: Choose an item.   
 High Needs Base  
 Disability Access Fund (DAF)  
 Educational Health Care Plan  
 EHCP Needs Assessment – in process  
 Other: Free text box

**📎 9. Attachments and Supporting Documents *(Complete only if applicable)***

Only attach documents that are relevant to this child’s individual profile or support needs.

EHCP or IEP

PEP  
 Reports from External Health Professionals  
 Reports from Educational Professionals  
 Developmental Journal Summary  
 EYIF Provision Agreement  
 WellComm Report  
 Pre-Phonics Stage  
 Early Help Assessment  
 Risk Assessments  
 Health Care Plan  
 Behaviour Support Plan  
 “All About Me” Document  
 Provision Map  
 Other(s): Free text box

**🧠 10. Additional Needs** ***(Complete only if applicable)***

Tick all that apply, add notes only where needed:

Cognition and learning needs text box  
 Communication and interaction needs text box  
 Social, Emotional, and Mental Health (SEMH) needs text box  
 Sensory and physical needs text box  
 Medical information text box

Allergies or Intolerances text box  
 Eating and drinking needs text box  
 Sleeping routines or difficulties text box  
 Toileting text box  
 Mobility and physical skills text box  
 Additional sensory needs text box  
 Reasonable adjustments or transition strategies text box

**🤝 11. External Agencies Involved**

Complete only if applicable – You may prefer to attach relevant documents to an email or hand deliver them.

Tick all that apply:

0–19 Health and Wellbeing  
 Paediatric Services  
 Speech and Language Therapy  
 Social Services  
 Virtual School  
 Start Well SEND  
 Woodbridge SEND Service  
 Educational Psychology Service  
 Sensory Support Service  
 Behaviour Support Service  
 Physiotherapy  
 Occupational Therapy  
 Wheelchair Services  
 Early Help / Targeted / In Progress (please consider inviting the school to the next review, at all levels of action).  
 Other: text box