**📝 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