

#  What makes me, me? – Child’s Name

My key person, Carol is important to me. She knows me very well. Carol is there for me but also helps me to do things for myself.



## Self-Care

* I can get very messy when I eat and sometimes, I like to use my hands to help.
* I am not yet toilet trained but I can show you that I need to go to the toilet. Having a visual sign can help me to tell you.
* I can eat independently but do not like mixed foods on my plate.
* When there is too much on my plate it is overwhelming. Can you show me how much I need to eat?
* I sometimes fall asleep during the day if I have not slept well at night. I like to have my little blanket from home.

**Transition Assessment – Child’s Name**

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| --- | --- |
| Child’s preferred name: |  |
| DOB: |  |
| EAL: Yes / No What language(s) is/are the child exposed to in the home? |  |
| Early years Pupil Premium:Yes/No |  |
| Provider Name: |  |
| Hours attended per week at date of assessment: |  |
| Attendance:  |  |
| Registered with Imagination Library?  | Yes/ No |
| Date the Integrated 2-year-old assessment was completed: |  |
| At the 2-year-old assessment, was development as expected?  | Yes/No |
| Graduated Approach – **please highlight** | * Targeted Preventative support
* Targeted support
* Specialist support
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| Involvement with other agencies? (e.g., Children’s Centres, SALT, Portage, HV / CNN support – please state) Yes/No |  |
| **Personal, Social & Emotional Development** |  |
| Expected stage of development: | Yes/No |
| **Communication and Language Development** |  |
| Expected stage of development: | Yes/No |
| **Physical Development** |  |
| **Characteristics effective learning** |  |
| Expected stage of development: | Yes/No |
| Transition documents included: **please highlight** | * Two-year old integrated check
* Personal education plan
* Early help meeting minutes
* Early Identification assessment summary
* Outcome plans
* Early Years Inclusion Continuum Phases 1-10
* Reports from specialist services
* Education, Health, and Care Plan
* Other
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My child’s EYFS transition headlines and assessment summary has been discussed with me and I have been given a copy of this. I understand that a copy of this assessment has been retained securely within my child’s EYFS record of progress and that a copy will be shared with and stored by North Lincolnshire Council in line with GDPR requirements outlined in the Early Years, Early Education, SEND and Statutory Assessments privacy notice.

I am happy for information contained in this assessment to be shared with other professionals for example specialist support services, early years provision, family support and other health services, to support my child’s health, learning and development as part of the North Lincolnshire ‘One Family Approach’.

 Parent’s signature -----------------------------------------------------------------------------------------------------------------------------

(with parental responsibility\*)

\*Please note that for looked after children (LAC) PR may vary—please discuss with the child’s social worker.