

CANTERBURY DISTRICT
SEN SUPPORT for TRANSITION

Name:

DOB:

Setting:

Targeted support _____

Personalised support _____

Referred for Statutory Assessment _____

Education Health Care Plan _____

Diagnosis _____

Additional Information about Child:

First Language _____ Toilet trained: Yes _____ No _____

Special dietary requirements _____

Allergies _____

Looked after child _____

Early Help/Social Care _____

Other relevant information:

Parents/carer's agreement for child's records to be sent to school:

Signed _____ Date _____

Name parent/carer _____

Home address _____

Ethnicity _____ Home Language _____

Interpreter required Yes _____ No _____

Checklist of actions for Early Years Settings

Attach report/s from outside agencies/specialists _____

Attach 2 year Progress check & Progress Summary _____

Contact school & invite them to visit child at Early Years setting _____

(also see **Checklist for school to support Transition into Reception doc**)

Name of Early Years setting SENCo/Manager _____

Signature _____

Date _____