

Record of Transfer from Pre-school/Nursery to School

To be completed with the child's parent/carer

My name is:

I like to be called:

My date of birth is:

My place in my family is:

My home language is:

Significant People with Parental Responsibility:

My setting is (contact details):

My gender:

Start Date

Leaving Date

*This is me
(Insert photograph – optional)*

My key person is:

Other significant people to me:

Hours I attend per week:

*I have these medical needs
(including allergies and dietary requirements):*

My attendance is (%):

Other settings (inc. childminder) I attend:

Other professionals who help me:

My social worker's name is:

My interests are:

How you can help and communicate with me:

<p><i>Characteristics of Effective Learning</i></p> <ul style="list-style-type: none">• Playing and exploring• Active learning• Creating and thinking critically	<p>Personal, Social and Emotional Development</p>
<p>Communication and Language</p>	<p>Physical Development</p>
<p>Literacy</p>	<p>Mathematics</p>
<p>Understanding the World</p>	<p>Expressive Arts and Design</p>

Areas of strength

What does the child need help with?

What is in place to support this (inc. equipment)?

Any confirmed diagnosis:

Please list:

- any successful strategies
- any activities that motivate the child
- Possible stress factors in the new school environment

Does the child have an EHC Plan in place?

Parent/Carer's Comments: Our hopes and dreams for our child's future are: