**Early Years SEND Transition Passport** Guidance for professionals

**SEND transition meeting**

**If you have a child with additional needs attending your setting, you should arrange a transition meeting/visit with the new school as soon as the school place has been confirmed.**

1. Complete the transition document and share with parents
2. Introductions (do not start with parent, this can be an overwhelming situation for them)
3. Outline purpose of the meeting
4. All to state what they admire about child (positive beginning)
5. Parent to state concerns regarding transition to school
6. New and current setting to highlight similarities and differences between settings:

* Are there any significant differences that may need to be supported?
* E.g. toilet is no longer within same room therefore more prompting required to remind them of toilets to allow them time
* E.g. snack time is not in the classroom but in a lunch hallway, do we need photos to show the child this as well as of the classroom they will be present in?
* Is the route different e.g. is the parent walking instead of driving, does the parent need to practice with their child to familiarise them with this?
* Are there any situations that will raise the child’s anxiety/behaviour?

1. **Agree strategies to support their SEN needs into new setting**

* What strategies have worked well within the current setting?
* How can these be put into action at new setting?
* Any amendments to strategies to meet the needs of the child

1. Agree action plan
2. Agree date and times for transition visits (both ways)
3. Summarise and agree to share action plan and minutes with all parties.

**Early Years SEND Transition Passport**

**What information will help my next teacher to make me feel settled, secure and ready to learn and develop in my new setting?**

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| --- | --- | --- | --- |
| **Insert photograph of me** | | Name:  **I like to be known as:**  **Date of birth**:  **Age in months**: | |
| What people like and appreciate about me?Brief summary of my SEN Needs | | | |
| **People involved with me** | **Relationship to me** | | **Attended transition meeting?** |
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| --- | --- |
| **Important information that you may need to know about me.** | |
| **How I may communicate with you** | |
| **How can you help me communicate?** | |
| **These are things I enjoy doing/like to do**… | |
| **When I am happy you may see me doing…** | |
| **Things that I do not like/make me sad…** | |
| **When I am sad you may see me doing…** | |
| **These things can make me anxious and I react to them…** | |
| **Strategies that you can use to help me** | |
| **What is important to keep me safe and well?** |
| **How I move around my environment** |
| **Equipment that I may need** |
| **My self-help skills (what I can do by myself and what I need help with)** |
| **How can you help me to become more independent?** |
| **Other things you may need to be aware of throughout my day (dietary, medical, health, allergies)** |
| **What needs to be put into place to support my additional needs at my new setting?** |

**Action Plan (to be discussed as part of transition meeting)**

Date of transition meeting:

|  |  |  |  |
| --- | --- | --- | --- |
| **Strategies to Consider at new setting:** | **Outcome for Child**  For example: | **Action to be taken** | **By whom and when?** |
| *Possible areas to consider:* | *X will be able to enter the classroom independently.*  *X will be familiar with their new teacher.* | *Ensure that activities X enjoys are planned within first week and available for child to access to support this.*  *There will be a minimum of 3 visits across settings and provide photos as for current setting to explore with X.* | *Eg. Miss Smith completed planning by Sept 2021.*  *Miss Smith and Miss Jones will set dates within 2 weeks of transition meeting.* |
| **Classroom Organisation**  Layout, workstation, quiet area, toilets etc. |  |  |  |
| **Social Relationships**  Paired up with a familiar friend initially/small group social activities. |  |  |  |
| **Visual Strategies**  Photographs, symbols (consider the size), timeline required? Makaton used? |  |  |  |
| **Materials and Strategies**  Social stories, circle time, weighted blankets, special boxes, |  |  |  |
| **Breaktime**  Buddy required?  Quiet area for breaktime? |  |  |  |
| **Lunchtime**  Is the room different?  Menus required in advance, timings different to current routine? |  |  |  |
| **Classroom Routine strategies.**  Lining up, visual timetable, risk assessment for trips, timers. |  |  |  |
| **Other factors:**  Noise, lighting, unable to communicate hunger/pain etc. |  |  |  |

**Planned visits to new setting/staff to visit current setting**

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| --- | --- |
| **Date of Visit** | **Aim of Visit** |
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**Planned date for review with parents in the new term:**

Additional information for new setting to be aware of:

Has an Education Health Care Plan been Requested? Yes/No

In process? Yes/No

Completed and in place? Yes/No

Declined? Yes/No

Has the setting been in receipt of funding to support inclusion for this child? (Please provide dates and level of support provided).

Has there been an early help assessment completed for the family? Yes/No

Is the early help assessment still active? Yes/No

**Please attach all individual education plans, reports, parent reports, behaviour plans, care plans etc. that will support the inclusion of child in the new setting.**