Photo/ Self-Portrait

**My Unique Transition**

I started at the setting on

and the sessions I attend are

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Monday | Tuesday | Wednesday | Thursday | Friday |
|  |  |  |  |  |

My name is

I like to be called

My birthday is and today I am months old.

My key person is

and can be contacted on

From

To

Date

I also attend

Things that I like and I am happy doing

Things that I don’t like and I find difficult

My current fascinations and interests

I learn best when

I communicate by

and I speak

My key person would like you to know

My wellbeing is best supported by

My health/medical needs

Individual Health Care Plan attached [ ]

PEEP attached [ ]

Health/Medical Professionals involved

My family and people who care about me would like you to know

and I live with



Please complete below only if this applies to me.

I am currently supported through the Graduated Approach

**Broad area of need:** C&I [ ]  C&L[ ]  SEMH [ ]

**Sensory and/or Physical needs:** PD[ ]  VI [ ]  HI [ ]  MSI [ ]

Targeted Plan [ ]  Personalised Plan [ ]  EHCP[ ]

**Other professionals involved:**

STLS [ ]  SALT [ ]  Paediatrician [ ]  Portage [ ]  HV [ ]

OT [ ]  Physio [ ]  SENIF Practitioner [ ]

Other [ ]

**Additional information about me**

CiC [ ]  Previously in care[ ]  PEP[ ]  CHiN[ ]  CP[ ]  Early Help[ ]

**Funding** FF2 [ ]  EYPP [ ]  DAF [ ]  SENIF [ ]

Transition meeting arranged? [ ]  Date ­­­­­­­­­­­­­

I give consent for all relevant information to be shared with my child’s new room/setting/childminder/school [ ]

Parent’s signature(s)

Please refer to the attached documents for information about my learning journey as appropriate.

My Unique Progress [ ]  Progress Check at Age 2 [ ]