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

A picture containing text

Description automatically generated

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