

PROGRESS/TRANSITION RECORD

GROUP NAME:

BABY/TODDLER ROOM:

CHILD’S NAME:

KEY PERSON:

DATE:

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SOCIAL, EMOTIONAL & BEHAVIOURAL:

**PHOTO**

# These are some of the things your child has experienced in Social, Emotional & Behavioural development-

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|  |  |  |
| Independence  Sleeping  My Family And  Friends  Snack Time  Tidying Up  Making Choices  Turn Taking Games | Sharing  Making Friends  Self Help Skills  Peek A Boo  Feelings  Preparing Snacks  Washing Hands  Interests | Puppets  Toilet Training  Routines  Dislikes  Confidence  Pretend Play  Ring Games |

## Comment

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## Next Steps

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COGNITIVE:

**PHOTO**

# These are some of the things your child has experienced in Cognitive development-

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| --- | --- |
| Construction  Puppets  Jigsaws  Pretend Play  Light And Dark Problem Solving  Exploration Of Objects - Touching,  Banging, Mouthing  Patterns      Comment | Sand  Ice  Water  Shapes  Ring Games  Colours  Exploring Using Senses  Treasure Baskets |
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## Next Steps

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SPEECH AND LANGUAGE:

**PHOTO**

# These are some of the things your child has experienced in Speech and Language development-

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| --- | --- | --- |
| Taking Turns  Puppets  Eye Contact  New Words  Making Marks  Peek A Boo  Singing | Ring Games  Rhymes/Songs  Simple Instructions  Books  Pictures  Gestures  Stories | Sounds  Crying  Babbling  Talking  Musical Instruments |

## Comment

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## Next Steps

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GROSS MOTOR:

**PHOTO**

# These are some of the things your child has experienced in Gross Motor development-

Jumping Digging Ball Play

Pushing and Pulling Hopping Rolling

Sliding Body Awareness Balance

Dance Running Building

Stacking Special Awareness

Crawling Climbing

## Comment

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## Next Steps

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FINE MOTOR:

**PHOTO**

# These are some of the things your child has experienced in Fine Motor development-

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| --- | --- | --- |
| Threading  Mark Making  Painting  Glueing  Collage | Pretend Play  Dressing Up  Printing  Posting  Gloop | Stacking  Feeding  Waving |

## Comment

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## Next Steps

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PARENT

TRANSITION RECORD

RETURN

Please complete and return this page of the transition record to your child’s key worker, your views are important to us.

Have you had an opportunity to discuss your child’s transition record with your child’s key worker? YES/NO

Do you require any further information? YES/NO

Comment about your child’s progress:

Any other comments:

|  |
| --- |
|  |

Child’s Name……………………………………………………………………………………

Parent Signature………………………………………………………………………….…

Date………………………………………………………