

# Glasgow CITY COUNCIL

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## Every Child is Included and Supported

## **Early Years to Primary School Transition Discussion Sheet**

INCLUSION SUPPORT SERVICE

### Appendix 3 (b)

PERSONAL INFORMATION							
Nursery	Date of Visit						
Child's name	Known as	Age					
Any siblings at our school Yes / No	Name(s)						
How long has the child been attending this Early Years Centre?							
Name(s) of other Early Years Centres attended (if applicable)							
EAL Yes / No	Is a translator required? Yes						
First language	Additional languages spoken at home						
Attendance	Dietary needs						
Any health concerns? Yes / No	Details						

Legislation	Yes		No					
Child Protection	Yes	No	CSP	Yes	No	ASN	Yes	No

#### 2 AGENCY INFORMATION

Details of additional agencies involved		
If there are ASL concerns, has referral been made made	Yes / No	
If appropriate, has all paperwork been completed e.g. adaptations?		Yes / No
Does the child have a diagnosis of ASD?	Yes / No	
Has the child been referred for assessment for ASD?		Yes / No
Are speech and language involved?		Yes / No
Does the child have a Communication Passport?		Yes / No
CfE Levels: Literacy	Numeracy	
Social Skills and Friendships		
Additional Comments		
Signed	Date	