



Every Child is Included and Supported

# Effective Transition from Early Years to Primary

INCLUSION SUPPORT SERVICE

Appendix 3 (c)

Date of Meeting

## 1 PERSONAL INFORMATION

Forename	Surname	D.O.B.
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## 2 SERVICE REPRESENTATIVES

Name	Designation/Service	Contact Details	Invited	Attended	Apology

## 3 WHAT ARE THE CHILD/YOUNG PERSON'S KEY STRENGTHS AND INTERESTS?

## 4 DEVELOPMENT SUMMARY

**Personal, social and emotional development**

**Communication and language**

**Physical development**

**4 DEVELOPMENT SUMMARY CONTINUED....**

Literacy

Numeracy/mathematics

Health and wellbeing

**5 ANY OTHER INFORMATION****6 PLEASE TICK WHICH REPORTS ARE COMPLETE AND ATTACH A COPY**

Education Report	<input type="checkbox"/>	Medical Report	<input type="checkbox"/>
Educational Psychologist Report	<input type="checkbox"/>	Early Years Centre Assessment	<input type="checkbox"/>
Social Work	<input type="checkbox"/>	Others (please specify)	<input type="checkbox"/>
Speech and Language Report	<input type="checkbox"/>		

Does child/young person have specialised equipment to support their education?	Yes / No
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Does child/young person require assessment for specialised equipment to support their education?	Yes / No
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Do any adaptations require to be carried out in the receiving school?	Yes / No
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Has the completed paperwork been completed?	Yes / No n/a
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Give details
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