



## **Transfer form**

**For pre-school children with Special Educational Needs (SEN)  
and disabilities**

## Guidance Notes

The purpose of this form is to give early years settings the opportunity to provide other care/education settings and/or primary schools with information on a child's SEN and/or disabilities prior to the child's transfer. This information will then provide the setting/school with a clearer picture of the child.

Recommendations:

- ❑ This form should be completed for a pre-school child if he/she is at *Early Years Action* or *Early Years Action Plus* of the Special Educational Needs Code of Practice.
- ❑ This form should be completed in addition to the standard documents usually transferred with a child prior to their moving on to other care/education provision.
- ❑ This form should be completed at the beginning of the child's final term in pre-school or nursery.
- ❑ The document should be prepared with the parent's knowledge.
- ❑ A signed copy of this form should be forwarded onto the new school or setting. A copy should be given to the parents and another retained by the early years setting.

This document has been prepared on advice given by early years settings and primary schools.

NB. This form may be photocopied. If required, please change the form into a larger, more accessible format.



### 3. The child's individual needs

a) What is the nature of the child's needs special educational need or disability?

b) If the child has a special educational need or disability, who made this assessment/diagnosis (such as educational psychologist, paediatrician etc)

c) Please indicate the area of need, giving brief details (*tick all that apply*)

- Communication, Interaction, Speech and Language .....
- Social .....
- Self-help .....
- Emotional and Behavioural .....
- Fine Motor .....
- Gross Motor .....
- Cognition and Learning .....
- Vision .....
- Hearing .....
- Seizure .....
- Other (please give details below)

d) Does the child use specialist equipment or resources to access the early years provision?  
*please tick all that apply*

- Hearing Aid/s .....
- Visual Aid/s .....
- Walking Frame .....
- Standing Frame .....
- Adjustable Table .....
- Seating .....
- Limb Splints .....
- Adapted Utensils/Resources .....
- Other (please give details below)

e) Does the child require specific medical interventions/medication such as suctioning of a tracheotomy tube or being given prescribed drugs?

Yes (please give details below)  No

If yes please also enclose a copy of the child's health plan

f) Is the child continent?

Yes  No

If 'No' please give details of toileting requirements

g) Has the child any specific likes/dislikes or requirements such as special routines, diet, or a special object of comfort?

Yes (please give details below)  No

h) Please give details of any useful strategies that benefited the child whilst in your setting.

#### 4. Assessment

a) Please indicate what stage of the assessment process has been reached

Early Years Action .....

Early Years Action Plus .....

Statutory Assessment .....

Statement of Special Educational Need .....

b) Has a Common Assessment Form been completed?

Yes  No

If 'Yes' please insert the date the form was completed      \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_

## 5. Pre-schools overview and advice on the child

a) Please give a brief history of the child's general development whilst in the setting.

b) Please give an indication of the child's current stage of development and support requirements

Yes/No – please circle

Requires support(RS) – please tick

	Yes/No	RS	Comment
Has situational understanding			
Understands spoken language			
Follows basic verbal instruction			
Able to attend and listen on request			
Will remain seated on request for five minutes			
Can communicate verbally			
Can communicate by signs/symbols			
Understands basic social rules			
Level of independence			
Able to hold a pen or crayon			
Able to form simple shapes on a page			
Able to recognise his/her name in written form			

Any other comments

## 6. Supporting details

- a) Who has been contacted relating to this child's special educational need/disability or language need? (please list contact name and telephone number where applicable)


Parents	.....
Local Authority	.....
General Practitioner	.....
Health Visitor	.....
Child development Centre	.....
Paediatrician	.....
Speech and Language Therapist	.....
Physiotherapist	.....
Occupational Therapist	.....
Portage Service	.....
Early Support Programme Co-ordinator	.....
Home Liaison Service	.....
SEN Assessment Centre	.....
Psychology Service	.....
Social Services	.....
Translation Service	.....
Other (please give details below)	.....

## 7. Background information

- a) Please indicate any other information/documentation which is available and can be provided upon request

Foundation Stage Profile	.....
Record of Achievement	.....
Individual Education Plans	.....
Personal Portfolio	.....
Care/Health Plans	.....
External Agency Reports	.....
Statement of Special Educational Needs	.....
Common Assessment Form	.....
Other	.....

- b) Please list any other information that may be relevant to the child's transfer on to other care/education provision.

A large, empty rectangular box with a thin black border, intended for the user to provide additional information relevant to the child's transfer to other care or education.

## 8. Sharing Information

a) Once this form has been completed please share the content with parent/s to ensure that the information is correct.

b) I/we the parent/s are in agreement that the information contained in this form is correct and can be forwarded onto my/our child's next placement.

Name.....

Signature/s.....

Date .....

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