

Nursery to School Transition Passport

Insert a picture here

All about me

Name:

The Nursery to School transition passport is to be completed jointly between parents and the nursery settings. We hope that this will become a useful and insightful tool to support your child’s transition from Nursery to Reception. The Autism Support Team will assist with the completion of this document and will forward on to your chosen School where child will be attending in September. The passport will look at the key areas of development and school readiness giving the reader a better understanding of how best to support your child’s learning and development.

Section A – To be completed by parent or guardian.

* My Important Information
* My Understanding
* My Communication
* My Social Interaction
* Routines
* My Skills Checklist
* Behaviour

Section B – To be completed by nursery setting.

* My Understanding
* My Communication
* Routines
* My Skills Checklist
* Behaviour

Section A - My Important Information

Parent or guardian to complete section A.

|  |  |
| --- | --- |
| My Birthday: Click here to enter a date. | My Age: Choose an item. |

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| The Important people in my life:*please fill in the boxes on the tree.* |
|  |

Section A - My Important Information

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| The things I really enjoy. *Please fill in the boxes below.* |
| My favourite things are: 1.2.3 | My favourite foods / snacks are:1.2.3 |
| My favourite activities are:1.2.3 | My favourite places are:1.2.3. |

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| The things I don’t like. *Please fill in the boxes below.* |
| Things I don’t like:1.2.3. | Foods I don’t like:1.2.3. |
| Activities I don’t like:1.2.3 | Places I don’t like:1.2.3. |

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| Languages I can speak / understand at home? |
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Section A - My Important Information

At Nursery, [Abstract] was supported by:

*Please enter the contact details in the boxes below. If you do not have this information please leave blank.*

|  |  |  |
| --- | --- | --- |
| **Role** | **Name** | **Contact Details** |
| Key Worker |  |  |
| Speech and Language Therapist |  |  |
| Occupational Therapist |  |  |
| Paediatrician |  |  |
| Social Worker |  |  |
| Early Years Autism Support Worker |  |  |

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| Other important information: *Please write in the box below.* |
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Section A – My Understanding

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| --- | --- |
| Please choose which of the following you use to support [Abstract]’s understanding | Examples |
| Verbal Instructions [ ]  | Please select from the drop-down box belowChoose an item. Choose an item.Other: |
| Visuals [ ]  | Please select from the drop-down box belowChoose an item. Choose an item.Other: |
| Transition Songs [ ] *A transition song is a song that you sing during an activity like “this is way we brush our teeth”* | Please write the songs below:1.2.3.4. |

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| Other important information: *Please write in the box below.* |
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Section A – My Communication

[Abstract] ‘s current communication system, *select from the* options below.

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| --- | --- | --- | --- | --- |
| VerbalChoose an item. | Sign LanguageChoose an item. | PECSChoose an item. | Visual systemChoose an item. | OtherChoose an item. |

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| --- | --- |
| How would they request something that is out of reach?  | Choose an item.Choose an item. |
| Other: |
| How they request for help or assistance? | Choose an item.Choose an item. |
| Other: |
| If they are enjoying something, how do they show it? | Choose an item.Choose an item. |
| Other: |
| If they are hurt or upset, how do they usually let you know? | Choose an item.Choose an item. |
| Other: |
| How do you initially gain their attention? | Choose an item.Choose an item. |
| Other: |



Section A - Routines

How would [Abstract] react to a change in routine or a new environment?

Please describe in the box below.

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Please choose which strategies you use to support [Abstract]from the table below:

|  |  |
| --- | --- |
| To help understand the everyday nursery/home routine. | Choose an item.Choose an item.Choose an item. |
| Other: |
| To support when there are changes in the normal routine or the end of an activity/routine. | Choose an item.Choose an item.Choose an item. |
| Other: |

Section A – Social Interaction 

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| --- | --- |
| Who does [Abstract]like to interact with? | Mum [ ] Dad [ ] Brother [ ] Sister [ ] Family member [ ] Friends [ ] Other[ ]  |
| The best times of the day to interact with are: | Choose an item. |
| Other: |
| The times finds it hard to interact with peers are: | Choose an item. |
| Other: |
| The toys or activities finds most difficult to share/interact with peers are: | Choose an item. |
| Other: |
| The toys/activities that can share/play well with peers are: | Choose an item. |
| Other |

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| How are you supporting to interact? |
| Adults  | Choose an item. |
| Other: |
| Children  | Choose an item. |
| Other: |

Section A – My Skills Checklist

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| --- | --- |
| I can… | I can… |
| Wash my hands [ ]  Dry my hands [ ] I can blow my nose [ ]  Brush my teeth [ ] Use a potty [ ] Use the toilet [ ]   | Find my coat [ ] Find my coat peg [ ] Put my arms into my coat [ ] Do a zip up to the top [ ] Do buttons [ ] Put on my underwear [ ] Take off my clothes [ ]  |

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| --- | --- |
| I can… | I can… |
| Put on my socks [ ] Find my shoes [ ] Put on my shoes [ ] Do up my shoes [ ] Take off my shoes [ ] Feed myself with my hand [ ] Spoon [ ]  Fork [ ]  knife [ ]  Pour myself a drink [ ]  | Tidy away my toys [ ] Clear away things I have used [ ] Put my clothes away [ ] Help at home [ ] Follow instructions [ ]  Hold hands on the street [ ] Use the hand rail [ ]  |

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| I can… | I can… |
| Sing simple rhymes [ ]  Sing and clap to a song [ ]  Tap to a beat [ ] Dance and move [ ] Join in a group song [ ] Choose a song to sing [ ]   | Request a drink [ ] Request a snack [ ] Request a toy [ ] Ask for help [ ] Ask to play [ ] Greet the teacher [ ]  |

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| I can… | I can… |
| Recognise my name [ ]  Write the first letter [ ] Copy my name [ ] Find my coat peg [ ]  Sit on the carpet [ ] Use outdoor equipment [ ] Use an Ipad [ ] Sit at the table to do an activity [ ]   | Count from 1 to 5 [ ] Recognise each number [ ] Place 1 to 5 in order [ ] Write 1 to 5 in order [ ] Match numbers [ ] Arrange letters of Alphabet [ ] Cut along a line [ ] Cut out a shape [ ]  |

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| Other skills I can do: |



Section A – Behaviour

In this section we want you to think about your child’s behaviour as a communication, sometimes the behaviour is not appropriate or desirable, it may cause you to feel embarrassed or worried. All behaviour has a function and in order to help teach your child alternative and more acceptable ways to communicate or manage a situation, we ask you to consider behaviour that is challenging to manage, for you and your child. Please fill in the boxes below

|  |  |  |  |
| --- | --- | --- | --- |
| **Challenging****behaviour** | **What triggers this challenging behaviour?** | **What are they trying to achieve/****Communicate?** | **How you can help prevent this happening?**  |
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| **When things go wrong, the best way to respond is:** |
| Provide reassurance [ ] Ignore the behaviour [ ] Create a distraction [ ]  Use redirection [ ]  Give access to a preferred item / activities [ ]  Sing sings [ ]  Give choices [ ] Use a visual or a social story [ ]  |
| Other: |

The Autism Team would like to thankyou for taking the time to complete this form, we wish you and your child a successful transition to reception. If you have any questions or would like to speak to a member of the team please send an email to:

 [AutismSupportTeam@southwark.gov.uk](file:///R%3A%5CAS%20Team%5CAST%5CPersonal%20files%5CJames%5CAutismSupportTeam%40southwark.gov.uk)

The Autism Team also have a fortnightly newsletter, inclusive of ideas, helpful links and possible resources. We invite you to share your own ideas and raise questions with us too, so that we can include these and offer a response.

To be added to our newsletter mailing list or to contact the team with a question/request for a forthcoming newsletter please contact us on:

[AutismSupportTeam@southwark.gov.uk](file:///%5C%5Clbsjsh-edu-ns1%5CAccess%20Inc%5CAS%20Team%5CAST%5CCOVID%2019%5CNews%20Letter%20files%202020%5CAutismSupportTeam%40southwark.gov.uk)

If there is any other information that you would like to add, please write in the box provided below.

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