# **Transition Partnership Agreement (TPA): Supporting Transition from Early Years Settings**

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| Smiling face with solid fill with solid fill  **Child’s Photo** | **Child’s name:** | |  |
| **Date of birth:** | |  |
| **Child’s parent(s)/carer(s):** | |  |
| **Current setting:** | |  |
| **Transitioning to:** | |  |
| **Date of TPA meeting:** | |  |
| **Present at meeting:** | |  |
|  | | | |
|  | **Background information** – my journey so far | | |
| *This could include key information such as relevant medical details, settings attended, other agencies involved, key adults that are important etc.* | | |
|  | | | |
|  | **Strength and interests** | | |
| *What do I like doing? When am I happiest? What are my character strengths? What is important to me?* | | |
|  | **Now** | | |
| *What am I working on? What do I need help or support with?* | | |
|  | | | |
|  | **What’s helping?** | | |
| *What approaches or strategies work well?* | | |
|  | | | |
|  | | **What’s unhelpful?** | |
| *Is there anything getting in the way, environmental factors, barriers in the setting etc?* | |
|  | **Next steps** | | |
| By the end of the EYFS, I will ….  *I will be able to communicate my needs and wants using spoken words, signs, symbols or other visual cue*  By Spring half term, I will ….  By Autumn half term, I will…. | | |
|  | | | |
|  | **Agreed actions** | | |
| *What, who, where, and when?* | | |

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| --- | --- | --- |
| **Signatories** | **Designation** | **Date** |
| Person completing this form |  |  |
| Present setting manager |  |  |
| Future setting manager/ head teacher/SENCo |  |  |
| Parents/Carers |  |  |
|  | **Review** | |
| *When, with who?* | |