



Transition Sharing Document form

Child's name

Other documents this child has (please tick)

One Plan

☐

All About Me: Home Language Profile

☐

Home languages spoken

Age in months

Date of birth

Name of setting

**What do I like to do?
What are my special
interests/talents?**

**eg. what do they enjoy, what are their interests, is there
anything different they can do, speak a different language,
good at football, likes to dance or sing**

**What do people like
and admire about me?**

**eg. I am a good friend, I make people laugh, I am good at
sharing and turn taking, I am cuddly, I like helping**

How independent am I?

**eg. I am confident using the toilet
independently/sometimes I need support
I can dress and undress myself
I can make choices and lead my play**

What do I need help with?

**eg. I need help to regulate and need a squishy toy, I need a
few reminders/support during carpet time, when I'm upset
I like a cuddle/I prefer to be left alone**

**Is there any other information you wish to share that has not been provided in any
other documents?**

**eg. if the child has been referred to speech and language at any point or other health pro-
fessionals are involved, something from personal life that could impact child's transition in
those first few weeks.**

As the parent/carer of the above child, I give consent for this information to be shared from
the setting with my child's new school. _____ (signature) _____(date)