

# Stepping Up

A transition project for children moving from Early Years settings to Primary School in North West Inner City Dublin





Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_





#### All About Me

The people in my family are: (e.g. parents, carers, siblings)	
My family's country of origin is:	
My first language is:	
Here is some information about my family's faith / religion:	
Here is some information about my medical/dietary needs:	

#### **Pre-School View**



#### Well-being

This theme is about children being confident, happy and healthy

Comment on child's progress in this area at pre-school:

#### Communicating

This theme is about children sharing their experiences, thoughts and feelings with growing confidence and competence in a variety of ways.

Comment on child's progress in this area at pre-school:

## Identity and Belonging

This theme is about children developing a positive sense of who they are, and feeling valued and respected as part of a family and community.

Comment on child's progress in this area at pre-school:

## Exploring and Thinking

This theme is about children making sense of the things, places and people in their world by interacting, playing, investigating, questioning, and forming and refining ideas.

Comment on child's progress in this area at pre-school:

### **Pre-School View**



Comment on child's attendance and punctuality at pre-school:

Child's strengths:

Child's areas for development:

Important information for child's first few weeks at school or child's Individual Education Plan (for SEN children):

#### +

# Child's View

My name is: \_\_\_\_\_

#### **My Favourites**

My favourite toy is:	
My favourite game is:	
My favourite colour is:	
My favourite animal is:	
My favourite food is:	

The things I like best at pre-school are:

I am looking forward to school because:

Note: adults can help scribe child's response. Children may also like to attach a picture or drawing.

# My family's view



Name of family member completing this form:

Relationship to child:

Date completed:

Information that will support your child's move to primary school:

How does your child feel about starting school?

How do you think your child will settle into school?

What might help your child settle into school?

## **Anything else?**

Is there any additional information you would like to provide about your child?

Do you have questions about your child's move to primary school?

- + Has your child received additional support from the following services? (tick)
  - Occupational Therapist
  - Psychologist
  - Speech Therapist
  - Paediatrician
  - Physiotherapist
  - Other (please specify)......

Tell us a bit more about the support they've had:

Name of Early Years Service: Name of person completing form: