

SECTION B. Early childhood educator to complete this section

Section B is guided by the Early Years Learning Framework and aligns with the five Learning Outcomes.

Outcome 1: Sense of identity

Briefly comment on how this child:

- Participates in learning and play
- Shares and negotiates resources with others
- Responds when distressed or upset

Outcome 2: Connection and contribution to the world

Briefly comment on how this child:

- Participates in small and large groups
- Shows awareness of the needs of others
- Shares their knowledge and experience in play and learning
- Builds and maintains relationships with others

Outcome 3: Children's wellbeing

Briefly comment on how this child:

- Self-regulates emotions
- Demonstrates physical skill and ability
- Manages personal hygiene and self-care

Outcome 4: Confident and involved learner

Briefly comment on how this child:

- Shows interest in learning
- Focuses attention and concentrates when challenged
- Shows wonder and curiosity about the world

Outcome 5: Effective communicator

Briefly comment on how this child:

- Talks and listens in both small and large groups
- Represents thinking and ideas in creative ways
- Demonstrates concepts of print, letters and sounds
- Works with mathematical concepts – e.g. numbers, patterns and shapes

Supplementary information

6. What are some of this child's interests?

7. What teaching strategies and environments encourage this child's learning?

8. Are there individual learning plans or other supports currently in place to enhance this child's learning? e.g. speech therapy, physiotherapy, occupational therapy

Yes

No

If **Yes**, please give details

SECTION C. Child and early childhood educator to complete this section together

The questions below are provided only as a guide for your discussion with this child about transition to school.

1. Have you visited your new school?

Yes No

If **yes**, who took you to visit your new school?

2. Is there anything you would like to know about your new school?

3. Would you like me to tell your new school teacher anything about you?

Please complete this digital signature field to ensure your completed entries can't be altered.

Signature of early childhood educator

Date form completed – dd/mm/yyyy

/ /

When **sections A, B and C** are completed, please take a copy of it and pass the whole Transition to School document to the child's parent/carer so that they can complete **sections D, E and F**.

SECTION D. Parent/carer to complete this section

Your name

Name of primary school child is most likely to attend (if known)

Relationship to child

Primary school address (Street)

Telephone

(Suburb/town)

(Postcode)

Email

OR primary school's email address

What is your preferred language?

Is this child Aboriginal and/or Torres Strait Islander?

Yes No Both

Child's date of birth - dd/mm/yyyy

Child's gender

/ /

Male Female

SECTION E. Parent/carer to complete this section

Provide information that you feel comfortable sharing with your child's teachers.

1. During Kindergarten, I would like my child to...

2. I would like my child's Kindergarten teacher to know...

My child enjoys:

My child has already learnt how to:

My child might need help to:

3. The teacher could help my child to learn by...

- | | | | |
|---|-----|----|-------------------------------------|
| 4. Is your child supported by another service or specialist program relating to their learning or development? e.g. speech therapy, physiotherapy, occupational therapy | Yes | No | If Yes , please give details |
|---|-----|----|-------------------------------------|

SECTION F. Parent/carer to complete this section

Parent/carer consent

I understand this information may be shared with any school(s) my child is enrolled in or other school(s) I nominate.

Child's name	Parent/carer name
Date – dd/mm/yyyy / /	Signature of parent/carer <input type="text"/>

Once you have completed **sections D, E and F**, please return the completed statement to the early childhood service or primary school

For more information:

W: www.transitiontoschool.nsw.edu.au

T: 1800 619 113

E: ecec.transitions@det.nsw.edu.au