

Transition Learning and Development Statement

Child's first name: Surname:

Child's date of birth: Child's gender: Male Female

Child's primary school (where known):

Outside school hours care service child will attend (if applicable):

Child's photo or drawing of self
(Attach an additional sheet if required)

Parent/Guardian contact details:

Name:

Relationship to child:

Phone:

Email:

Early Childhood Service contact details:

Name of service:

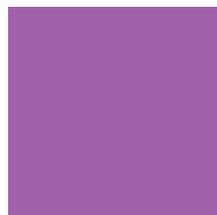
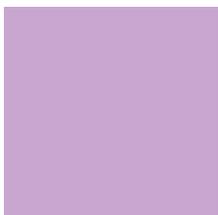
License ID:

Educator's name:

Position:

Phone:

Email:



Transition: A Positive Start to School

Child's name:

FOR PARENT/GUARDIAN

The Transition Learning and Development Statement summarises your child's strengths as they start school, identifies their interests and indicates how they can be supported to continue on their learning journey.

Please read the *Guidelines to help families complete the Transition Learning and Development Statement – Part 1: the family* for more information about the Transition Learning and Development Statement; how to fill in your part of the Statement and what happens to the Statement once it is completed.

Guidelines to help families complete the Transition Learning and Development Statement – Part 1: the family has been translated into 21 community languages which are available at www.education.vic.gov.au/earlylearning/transitionschool/profresources/caldresources/htm.

When you have completed *Part 1: the family*, your child's early childhood educator will put it with *Part 2: the early childhood educator* and give you a copy of the full Statement. **If you give consent**, the early childhood educator will pass it on to your child's school (where known) and outside school hours care service (if applicable).

You can request access to the personal information about you and your child contained in the Statement and you can request that it be corrected. This information will be retained by the early childhood service, school and outside school hours care service in accordance with Victorian privacy laws.

For more information visit www.education.vic.gov.au/earlylearning/transitionschool or phone the DEECD Information and Referral Service for your DEECD Regional Office on **1800 809 834**

CONSENT

Do you consent to this Statement being shared with your child's school? Yes No

Do you consent to this Statement being shared with your child's outside school hours care service (if applicable)? Yes No

Do you consent to the early childhood educator discussing the information in this Statement with your child's prep teacher? Yes No

Signature of Parent/Guardian Date

FOR EARLY CHILDHOOD EDUCATOR

Early childhood educator requests opportunity to discuss this information further with prep teacher Yes No
(Parent/Guardian consent is required for this contact to be made)

Preferred contact: By phone Best time(s) to call:

By email Best email address:

Signature of Early Childhood Educator Date



Transition: A Positive Start to School

Child's name:

Transition Learning and Development Statement – Part 1: the family Section C (optional)

SECTION C

This section is to be completed by the child's parent/guardian.

This section provides information if your child has additional learning and development needs, a disability or developmental delay.

Prior to starting school, your child may have received extra support from early childhood services. Staff in these services can work with you and your child's early childhood educator to complete this section.

For more information visit www.education.vic.gov.au/earlylearning/transitionschool or phone the DEECD Information and Referral Service for your DEECD Regional Office on **1800 809 834**

Early childhood support service details

(e.g. speech pathologist, occupational therapist, preschool field officer, early childhood intervention or other support service)

Name of service:

Address:

Contact person:

Position: Phone:

Email:

Name of service:

Address:

Contact person:

Position: Phone:

Email:

Name of service:

Address:

Contact person:

Position: Phone:

Email:

Transition: A Positive Start to School

Child's name:

My child learns and responds best when...

(e.g. humour works well, seating at the front of the class, showing as well as giving instructions, etc)

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.....

My child is really interested in...

.....
.....
.....

My child might need some help to...

(e.g. tie shoelaces, understand long sentences, manage the move between classrooms, etc)

.....
.....
.....

You can help by...

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.....
.....

Things that might upset my child...

.....
.....
.....

You can help by...

(e.g. using a calming activity/music, etc)

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.....

• Once completed, attach Section C to *Part 1: the family* (Sections A and B) and give the Statement to your child's early childhood educator.