Transition Pupil Passport

| Name of child: | Date: |
|----------------|------------|
| Preschool: | Moving to: |

| Who am I? What do I like (or not like)? What am I good at? Add a photo? | |
|---|--|
| ? | |
| People and things that | |
| are important to me e.g. family, pets, | |
| friends, toys. | |
| | |
| How I communicate. | |
| How should people | |
| communicate with me | |
| e.g. visuals, time to respond. | |
| | |
| What I need to keep | |
| me safe and healthy. | |

| - | |
|--------------------------------------|--|
| Play and Learning | |
| What games, toys do I like? | |
| Do I need anything to help me learn? | |
| | |
| Is there anyone else | |
| involved with me e.g. | |
| any other professionals SALT. | |
| JALI. | |
| Anything else? | |
| Plan completed by: | |

| Actions | Who | When |
|---------|-----|------|
| | | |
| | | |
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