



**Inclusion Link Programme  
Transfer from Pre-school Provider to School - 2011  
All sections must be completed**

**Child's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Pre-school Provider:** \_\_\_\_\_

**Receiving school (Parents / Carer first choice):** \_\_\_\_\_

**Please confirm you have attached the following:**

**Early Years Action Plus:** **YES**

**Most recent PEP/ IEP/ BSP, REVIEWS and multi agency reports:** **YES**

**First language:**

**Diagnosis:**

**1:1 Inclusion support:**

**Other agencies known to be involved:** \_\_\_\_\_

\_\_\_\_\_

<p><b>Child's strengths:</b></p>          <p><b>Parent/carer comments:</b></p>
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**Areas of concern over transfer:**

**Parent/carer comments:**

**Keyperson:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**INCCO:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Carer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please return to: Fran Kirkwood, Children and Young People's Services, Room 120, North Somerset Council, Town Hall, Weston-super-Mare, BS23 1UJ by **Friday 11 March 2011**