



# NSW Transition to School Statement

This Transition to School Statement will give your child’s school teacher important information that will help your child to have a successful start to school.

## What is the NSW Transition to School Statement?

This document records a child’s interests, strengths and preferred ways of learning in their year prior to school.

Its purpose is to assist early childhood educators, parents/ carers and primary school teachers to better understand a child and how best to support their transition from early childhood education to school.

## How to complete this statement

- Step 1:** Early childhood educator completes **sections A & B**
- Step 2:** Early childhood educator completes **section C** with child
- Step 3:** Parent/carer completes **sections D, E** and signs **section F**
- Step 4:** Parent/carer returns transition statement to early childhood educator and the statement is then forwarded to the primary school

## SECTION A. Early childhood educator to complete this section

Child’s first name

Surname

Name of early childhood educator completing this form

Preschool/service name

Telephone

Suburb/town

Email

## 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. When **sections B** and **C** are completed, please take a copy of it and pass the whole Transition to School document to the child's parents/carers for them to complete **sections D, E** and **F**.

- 1. Briefly summarise your professional views on this child's independence and resilience.**  
(Outcome 1: Children's Identity)

- 2. Briefly summarise how you see this child builds relationships with peers and adults.**  
(Outcome 2: Children's Connection and Contribution to the World)

- 3. Briefly summarise how this child self-regulates and manages their emotions.**  
(Outcome 3: Children's Wellbeing)

**4. Briefly summarise how curious this child is to learn new things and their ability to persist at tasks.**

(Outcome 4: Children as Confident Learners)

**5. Briefly summarise how you see this child's communication skills, taking into account language and literacy.**

(Outcome 5: Children as Effective Communicators)

**6. What are the child's overall strengths?**

**7. What are some of the child's interests?**

**8. What does the child like to do at your education and care service?**

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

**10. Are there individual education plans or other supports currently in place to facilitate this child's learning?**

Yes    No    If **Yes**, please give details

**11. What other supports would assist this child when in a primary school context?**

**SECTION C. Child to complete this section with assistance from early childhood educator**

Ensure that the child is relaxed and can concentrate when completing this task.

Please ask the child to draw a picture of him or herself at school or alternatively ask the child to draw a picture of his or her choice.

Ask the child the questions on the next page while he or she is drawing the picture.

A large, empty rectangular box with a thin black border, intended for a child to draw a picture. The box occupies most of the page below the instructions.

While the child is drawing a picture ask the following questions:

**1. Have you been to your new school?**

Yes    No

**2. What do you think about school?**

**3. What do you think your favourite things at school will be?**

**4. What do you think will make you happy at school?**

**5. What would you like me to tell your school teacher about you?**

## SECTION D. Parent/carer to complete this section

Your name

Child's date of birth – dd/mm/yy

/ /

Relationship to child

Child's gender

Female Male

Telephone

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

Email

Primary school – Suburb/town

What is your preferred language?

Name of sibling

Date of birth – dd/mm/yy

/ /

Is your child of Aboriginal or Torres Strait origin?

Name of sibling

Date of birth – dd/mm/yy

/ /

Yes No

Does your child have siblings attending the same primary school?

Name of sibling

Date of birth – dd/mm/yy

/ /

Yes No

## SECTION E. Parent/carer to complete this section

Please complete **sections E** and **F** and return the whole Transition to School document to your child's early childhood educator. Only provide information that you feel comfortable sharing with your child's teachers.

### 1. What are your goals/hopes for your child at school?

### 2. What should your child's primary school teacher know about him or her?

My child enjoys

My child is yet to learn how to

My child worries about

3. How could the school best support your child's learning?

4. Is your child attending another service or specialist program relating to their learning or development?

Yes No If **Yes**, please give details

5. Do you feel you have enough information about your child's intended primary school?

Yes No If **No**, what would you like to know more about?

6. Is there anything else that you would like the primary school teacher to know about your child?

Please comment

## SECTION F. Parent/carer to complete this section

### Parent/carer consent

By signing this document you are consenting to this information being shared with:

- the school in which you have enrolled your child
- the school in which you are most likely to enrol your child (as indicated on this form)
- such other school/s that you nominate.

Child's name

Parent/carer name

Date – dd/mm/yy

Signature of parent/carer

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