**Early Years Transition Grant**

 **(for enhanced staffing in Private, Voluntary and Independent Early Years Settings).**

**Child’s name: Child’s Date of Birth: Setting Name: Transitioning to:**

|  |  |
| --- | --- |
| **Transition Action Plan** | **Date to be completed**  |
|  |  |
|  |  |
|  |  |
|  |  |

**Name of staff member from SFSS:**

**Parent comment and signature:**

**Date:**