

TRANSITION MEETING. DATE \_\_\_\_\_

Child's name \_\_\_\_\_ D.O.B \_\_\_\_\_

Attending

Role	Name	Contact
Family		
Present setting		
New Setting		
Outside professionals		

Strengths:

Needs:

What needs to Happen before they Start:

e.g. Photobook, Training, Visual Timetable, Risk assessments, Environment

Action	Who	When

Induction- initial plans. Review Date\_\_\_\_\_

Actions for the first half term: e.g. targets, plans, visits from outside professionals

Who	What	When