

Transfer information to be passed on to a new school, college or setting

Part 1 – Pre-transfer

Please can this form be completed and returned to the child's new school by the end of April

Name of child / young person:	D.O.B.
Name of person completing the form:	Contact Details of person completing the form:
Role of Person Completing the Form:	Child /Young Persons Attendance:
Name of school:	

Ability

(Please make a judgement to the best of your abilities, given the information at hand)

Please TICK where you anticipate they will be at the end of the year	Below	Expected	Above	Is there anything else we need to know?
Reading				Comments:
Writing				
Mathematics				
Self - Care				
Independence				
Communication				
Building Relationships				
Self-Regulation				
Resilience				

Progress

(Please make a judgement to the best of your abilities, given the information at hand)

Please TICK where you anticipate they will be at the end of the year	Below	Expected	Above	Is there anything else we need to know?
Reading				Comments:
Writing				
Mathematics				
Self - Care				
Independence				
Communication				
Building Relationships				
Self-Regulation				
Resilience				

Does the child have an educational, healthcare plan (EHCP)? YES/NO

If so, please give a brief summary of needs:

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Has an application for an Education, Health Care Plan been submitted? YES/NO

If so, please give a brief summary of needs:

Is the child categorised as SEND Support? YES/NO

If so, please give a brief summary of needs:

Does the child have a diagnosis? YES/NO

If yes, please give details of who from and when:

Does the child have any medical needs? YES/NO

If yes, please give details of who from and when:

Does the child have 'English as an additional language' (EAL?) YES/NO

If so, language spoken at home:

Does the child have an Individual Education Plan (IEP)? YES/NO

Does the child have an Individual Behaviour Plan (IBP)? YES/NO

Are any interventions currently being delivered for the child YES/NO

If yes, what interventions do they receive, for how long and how often?

Does the child receive any additional adult support either in class or at unstructured times? Yes/No

If so, why, when and for how long?

Previous or current agency involvement please tick ✓)

	YES	NO	Currently?	Contact name and number
Speech and Language therapy				
IDS				
Specialist Teaching Service(STS)				
Educational Psychologist				
CAMHS				
Early Help				
Social care				
WPAS (for ASC assessment)				
Family Support Worker				

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Police				
Other support service or agency, please specify				

Please attach any reports or targets linked to the above.

Have there been any safeguarding concerns? YES/NO

Is there anything else we need to know?

Thank you for filling out this form. Please email this form or deliver by hand to the new school by the end of May.

Any questions, please contact the school directly for more information.

Thank you for taking the time to fill out this form. We really do appreciate it. The information is invaluable.

Part 2 – Post-transfer

To be complete at the post -transfer meeting (Second half of the autumn term)

Which professionals / agencies were involved? If so how

What has gone well with the transition?

Are you having any challenges with this child’s transition?

Young Persons Views on their transition (if possible) What went well? What was/is challenging? How could this have been better?

Next steps to support transition

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Review date -