# 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:

## 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 |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 -