

Transition Handover Sheet



Photograph of Pupil

Family Information



Pupil Name: _____

Hours: _____

Class: _____

Attendance: _____

Current setting: _____

Summary of SEND



Information on Progress in Prime Areas of Learning



Support Hours / Agencies Involved



Learning Styles, Approaches and Resources



Information on Progress in Specific Areas of Learning



Medical / Health Information



Pupil's Strengths (in and out of school)



Information on Progress Towards Early Learning Goals (where appropriate)



Assessment / Data (P Scales)

