

Enhanced transition action plan

Forename:		Surname:		D.O.B:	
Current primary school:		Secondary school:			
Primary school key contact:					
Secondary school key contact:					

Pupil views

Key concerns?
What's helpful?

Parent views

Strengths?
Key concerns?
Possible support?

Strategies to support transition

Primary school actions:	Secondary school actions:
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Enhanced transition action plan

Settling into year 7

Desired outcomes:

Support:

Review date:

To be reviewed with:

Pupil signature: _____ Parent signature: _____

Teacher signature (primary): _____

Teacher signature (secondary): _____

Date: _____