

Information on pupils needing enhanced transition

Full name:									
Current primary:					Preferred secondary:				
Gender:		CWCF:	Y/N	EAL:	Y/N	PP:	Y/N	Service child:	Y/N
SEN: (Please tick box)	Universal provision		SEN support			Additional funding:			
If SEN, what is the primary need?									
Home school communication: Key contact and most effective method:									
Attendance:						Fixed term exclusions:			
Number of school moves:						EHA/TAF:			

Strengths and successes (please detail):

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Behaviour (Please circle most accurate):

Consistently good	Usually good	Some concerns	Serious concerns
Any comments:			

Social (Please circle most accurate):

Friendships	Very sociable	Some good friends	Friendships difficult
Teamwork	Outstanding	Average	Poor
Contribution to school life	Outstanding	Average	Poor
Sense of belonging in school	Outstanding	Average	Poor
Relationships with adults	Strong	Average	Weak
Any comments:			

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Emotions (Please circle most accurate):

Self esteem	Good	Adequate	Low
Anxiety	High	Medium	Low
Independence in learning	Independent learner	Requires some support	High dependence on adult support
Resilience	Copes well	Usually manages	Finds it hard
Any comments:			

Personal circumstances (please detail):

Please comment on any circumstances noted in the screening tool

Interventions:

Are there any specific outcomes which the school is working towards? Please detail here:

Successful interventions/teaching strategies which are being used to achieve this:

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Outside agency involvement (Please tick where appropriate)

	Name	Date		Name	Date
Virtual school for children we care for			LCSS		
CAMHS			SENSS hearing team		
SALT (speech and language therapy)			SENSS visual support team		
Educational psychology			SENSS physical disability team		
School medical services			SENSS C&I team		
Physiotherapy			Occupational therapy		
Other (please specify):					
Additional information about agency involvement? e.g., relevant documents in file, key contacts					

Form completed by: _____ Job role: _____

Contact phone number/e-mail: _____

Form sent to: _____ Job role: _____

Contact phone number/e-mail: _____

Signed: _____ Date: _____

Date shared with parents: _____