

**Post 16 Transition Document**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Student Name** |  | **D.o.B** |  | **Today’s Date** |  |

|  |  |
| --- | --- |
| **Secondary School** |  |

|  |  |  |
| --- | --- | --- |
| **GCSE Predicted Grades**  | English  | Maths |
|  |  |
| *Achieved*  | *Achieved* |

|  |  |  |  |
| --- | --- | --- | --- |
| **SEN** | Yes | No | Please complete additional page. |

|  |  |  |
| --- | --- | --- |
| **Attendance** |  % | Comment |

|  |  |  |  |
| --- | --- | --- | --- |
| **Young Carer**  | Yes | No | Comment: |

|  |  |  |  |
| --- | --- | --- | --- |
| **Looked After Child**  | Yes | No | Local Authority:Social Worker Details: |

|  |  |  |  |
| --- | --- | --- | --- |
| **Gifted and Talented** | Yes | No | Comment: |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Child Protection Concerns** | Yes  | No | **Further Information to follow *(confidential, with Parental consent)*** | Yes | No |
| Comment *(Please include details of outside agencies):* |
| Has the child ever had a CIN Plan? | Yes  | No | *Dates & Relevant Information:* |
| Has the child ever had a TH Referral- L3? | Yes  | No | *Dates & Relevant Information:* |
| Has the child ever had a TAF plan –L2? | Yes  | No | *Dates & Relevant Information:* |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Support from Home** | Consistent | Intermittent | Rare | Comment: |

|  |  |
| --- | --- |
| What are the challenges for them?  |  |
| Attitudes to Learning |  |
| Behaviour & Social Skills |  |
| Intervention in place (past and present) |  |
| Social Issues |  |
| How does this pupil shine? |  |
| Roles and responsibilities undertaken in school |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Medical Needs**  | Yes | No | Comment: |
| Has the child ever had CAMHS involvement?  | Yes | No | Comment: |

|  |  |
| --- | --- |
| **Additional Support:** |  |
| Does the child have a Social Worker | Yes | No | Contact details & relevant information  |
| Does the child have a Key Worker | Yes | No | Contact details & relevant information  |
| Does the child have a Speech and Language Therapist | Yes | No | Contact details & relevant information  |
| ESOL | Yes | No | Comment: *(Support)* |
| **YOT Involvement**  | Yes | No | *YOT worker contact details, dates &relevant information*  |
| *Any other relevant information to enable the appropriate support to be given:* |

|  |
| --- |
| **Parent/Carer & Student declaration:** ‘I agree for the information contained within this form to be shared with relevant professionals, in order to enable appropriate support for my son / daughter with regards their educational needs at points of transition and beyond’.**Parent or Carer signature: Date:** **Student signature: Date:**  |

**Additional SEND Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Concessions for Exams** | Extra Time  | Reader | Scribe | Other *(please name)* |
| **EHCP** | Yes | No | **Monitored for Potential SEN?** | *Please give details* |
| Please comment on areas of need |
| **Communication and Interaction** | **Cognitive and Learning** | **Social Emotional and Mental Health Difficulties** | **Sensory and/or Physical needs** |
|  |  |  |  |
| **Has the student met with an Educational Physiologist?**  | Yes | No |
| Comment: |

|  |
| --- |
| **Parent/Carer & Student declaration:** ‘I agree for the information contained within this form to be shared with relevant professionals, in order to enable appropriate support for my son / daughter with regards their educational needs at points of transition and beyond’.**Parent or Carer signature: Date:** **Student signature: Date:**  |