

**Post 16 Transition Document**

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

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

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

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

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| **Attendance** | % | Comment |

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

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

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

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| --- | --- | --- | --- | --- | --- |
| **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:* | | |

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

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

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

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| --- | --- | --- | --- |
| **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:* | | | |

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| **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: | | | | | | | | | |

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| --- |
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