**Transition Meeting Record**

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| --- | --- | --- |
| Name of Child: | | Home Address: |
| Date of Birth: | M/F |
| Name of Parent/ Carer (s): | | Parent/ Carer Contact Numbers: |

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| --- | --- |
| Proposed School: | Expected start date: |

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| --- | --- |
| Current setting (pre-school): | Address of current setting: |
| Name of setting key liaison worker: | Setting Contact Number: |

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| --- |
| Who attended |

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| Other key people |

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| Communication needs e.g. ways of expressing self, help needed to understand |

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| Social emotional and behavioural needs e.g. how to help be calm and feel secure |

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| Learning needs |

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| Personal care needs |

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| Sensory processing needs |

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| Physical needs |

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| Medical needs |

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| Plan visits |

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| Plan first day/ week (what needs to be in place on day 1) |

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| Plan arrangements for communication between home and school |

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| What will help, who will be involved, what will they do and when |

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| Training needs for school staff |

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| Resources needed e.g. visual support, TA support, equipment |

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| Actions |

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| --- | --- | --- | --- |
| Date completed: |  | Completed by:  Role: |  |