**Transition Meeting Record**

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

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

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

|  |
| --- |
| Who attended |

|  |
| --- |
| Other key people  |

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

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

|  |
| --- |
| Learning needs |

|  |
| --- |
| Personal care needs |

|  |
| --- |
| Sensory processing needs  |

|  |
| --- |
| Physical needs  |

|  |
| --- |
| Medical needs |

|  |
| --- |
| Plan visits  |

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

|  |
| --- |
| Plan arrangements for communication between home and school  |

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

|  |
| --- |
| Training needs for school staff  |

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

|  |
| --- |
| Actions |

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