



## **TRANSITION RECORD**

SETTING:		
NAME:	DoB:	
HOME ADDRESS:		
TELEPHONE NUMBERS:		
EMERGENCY NAMES & NUMBERS:		
IN ATTENDANCE:		
RECEIVING SCHOOL:		
DATE OF TRANSITION:		
	1	
Diagnosis	Medical History	
Statement	Medication  To be managed by:	
Social Interaction Strengths & Difficulties	To be managed by:  Communication Strengths	& Difficulties





Social Imagination	Flexibility of Thought
	RULES!
	1. You SHALL! 2. You WILL!
	3. You MUST!
	ANXIETIES
Unstructured times	
THE SECOND SECON	
Sensory Sensitivities	Topics of Special Interests
	Obsessions
(a) (b)	Motivators
8	
	Rewards
•	
Hyper or Hypo	
Friendships	Diet
8 2 8 6	
988	
Q 3 A	
W Q G	
Z) CNO	
	School Lunches
Sleep	
Ustation and	
	Any other
Jacques	
enable into	
Levels of independence	Travel Plans
Levels of independence	
	SCHOOL BUS D
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Information Parents want to share with receiving	ng school
Strengths	
Difficulties	
Concerns	
Hopes	
Information teaching team want to share with r	eceiving school
Strengths	
Difficulties	
Concerns	
Hopes	
Ability to go on school trips and journeys	Level of support and supervision needed
Academic Levels and Information	Level of support needed
Pupils views	





Receiving Teams	Comments and Commitment	:S		
MELGOME				
	ence Stages			
What will be put i	n place for transition before \$	September?		
What will be put in place at the start of year 7?				
What is your long view?				
The following supports are available from the receiving school to support the transition process:- please tick or comment.				
Social Stories	Photographs	Maps	Other	
Planned visits		Additional Visits		
Further information	on	Parents		
School teams		raients		
Drumbeat Outreach Service				
	reach Service			



