To facilitate the efficient use of this form, copies will be shared electronically either by secure email or via secure platforms such as Google Drive.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name of child |  | | | | | | |
| Date of birth |  | | | | Today’s date |  | |
| Primary school |  | | | | | | |
| Pupil Premium? | Yes |  | No |  |  |  |  |
| SATS result / teacher assessment | Reading | | Writing | | GAPS | Mathematics | Science |
| / | | / | | / | / | / |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| SEN | Yes |  | No |  | **Please complete additional page** | | |
| Concessions for SAT | Extra time | |  | | Scribe |  |  |
| Reader | |  | | Other | |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Has the child ever been excluded from school or attended alternative provision? | Yes |  | No |  |  |
| **Please complete additional page** | | | | |

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Young Carer | Yes |  | No |  | Comment |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Gifted & Talented | Yes |  | No |  | Comment |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Child protecting concerns | Yes |  | No |  | Comment  (please include details of outside agencies) |  |
| Further information to follow (confidential, with parents’/carers permission) | Yes |  | No |  |

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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 |  |

We all want to ensure that students continue to make the best progress when they join their new secondary school and to support this aspiration please attach a piece of the pupil’s best Y6 writing.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Concessions for SAT | Extra time | |  | | Scribe |  |  |
| Reader | |  | | Other | |  |
| EHCP | Yes |  | No |  |  | | |
| Monitored for potential SEN? | Please give details | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Communication and interaction | Cognitive and learning | Social, emotional and mental health difficulties | Sensory and/or physical needs |
|  |  |  |  |

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| --- | --- |
| **Parent/Carer declaration: ‘**I agree for the information contained within this form or any attached documents to be shared with relevant professionals, including any safeguarding concerns, in order to enable appropriate support for my child at points of transition and beyond’ | |
| Parent/Carer signature | Date: |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Year 6 Transition Document SECTION 2: Additional Safeguarding Information** | | | | | | | | | | | |
| Name of child |  | | | | | | | | | | |
| Date of birth |  | | | | | | Today’s date |  | | | |
| Primary school |  | | | | | | | | | | |
| Looked after child? | Yes |  | No | |  | |  |  |  | | |
| If the child is LAC, which L.A is responsible for them? | |  | | | | | | | | | |
| LAC Social Worker. Please give contact details. | |  | | | | | | | | | |
| Has the child ever had a CIN Plan? Please give dates and any relevant information. | |  | | | | | | | | | |
| Has the child ever had a TH Referral -L3? Please give dates and any relevant information. | |  | | | | | | | | | |
| Has the child ever had a TAF plan- L2? Please give dates and any relevant information. | |  | | | | | | | | | |
| Has the child ever accessed young carers? Please give dates and any relevant information. | |  | | | | | | | | | |
| Has the child ever accessed CAMHS? Please give dates and any relevant information. | |  | | | | | | | | | |
| Name of Social Worker | |  | | | | | | | | | |
| Name of Key Worker | |  | | | | | | | | | |
| Name of Speech and Language Therapist | |  | | | | | | | | | |
| Name of School Nurse | |  | | | | | | | | | |
| Any other relevant information to enable the appropriate support to be given. | |  | | | | | | | | | |
| Are you planning on sharing any documents?  (confidentially and securely, with parental consent) | | Yes | |  | | Do you require a telephone conversation?  (must have talked through the conversation with parents first) | | | | Yes |  |
| No | |  | | No |  |

|  |  |
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| **Parent/Carer declaration: ‘**I agree for the information contained within this form or any attached documents to be shared with relevant professionals, including any safeguarding concerns, in order to enable appropriate support for my child at points of transition and beyond’ | |
| Parent/Carer signature | Date: |

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| **Year 6 Transition Document SECTION 3: Additional SEND Information** |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Area of need | | | | | | Previous effective support | | | | |
| Communication and interaction |  | | | | | |  | | | | |
| Cognition and learning |  | | | | | |  | | | | |
| Social, emotional and mental health difficulties |  | | | | | |  | | | | |
| Sensory and/or physical needs |  | | | | | |  | | | | |
| Has the student met with an Educational Psychologist? | | | | | | | Yes |  | No | |  |
| Date of assessment | |  | | | | Date of report | |  | | | |
| Comment | |  | | | | | | | | | |
| Please suggest target for the pupil’s first IEP | |  | | | | | | | | | |
| TA support in Year 6? | | Yes |  | No |  | If yes, TA hours | | | |  | |
| Other agencies involved (please list) | |  | | | | | | | | | |

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| **Parent/Carer declaration: ‘**I agree for the information contained within this form or any attached documents to be shared with relevant professionals, including any safeguarding concerns, in order to enable appropriate support for my child at points of transition and beyond’ | |
| Parent/Carer signature | Date: |

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| **Year 6 Transition Document SECTION 4: Additional Alternative Provision Information** |

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| --- | --- | --- | --- | --- | --- |
| Why was the placement made? |  | | | | |
| Who arranged the placement? |  | | | | |
| Timescales |  | | | | |
| Targets set |  | | | | |
| Progress made |  | | | | |
| Has the student ever been excluded? | | Yes |  | No |  |
| Date of exclusion |  | | | | |
| Comment |  | | | | |
| TA support in Year 6? | | Yes |  | No |  |
| Other agencies involved (please list) |  | | | | |

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| **Parent/Carer declaration: ‘**I agree for the information contained within this form or any attached documents to be shared with relevant professionals, including any safeguarding concerns, in order to enable appropriate support for my child at points of transition and beyond’ | |
| Parent/Carer signature | Date: |