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| **SECTION 1** |

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.

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| --- | --- | --- | --- | --- |
| Name of student |  | | | |
| Date of birth |  | | Today’s date |  |
| Secondary school |  | | | |
| GCSE  predicted grades? | English | Maths |  | |
|  |  |
| Achieved | Achieved |

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

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

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Looked after child | Yes |  | No |  | Comment |  |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| In receipt of free school meals for more than 3 years | Yes |  | No |  |

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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 |  |
| Where applicable – the young person (YP) has been consulted on/received information and advice on their future plans and all the option for career and employment pathways that are available at post-16. |  |

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| Medical needs | Yes |  | No |  | Comment |  |
| Has the child ever had CAHMS involvement | Yes |  | No |  | Comment |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Support from home | Consistent |  | Intermittent |  | Rare |  |
| Comment |  | | | | | |

|  |  |
| --- | --- |
| **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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| **Post 16 Transition Document  SECTION 2: Additional Safeguarding Information** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Child protecting concerns | Yes |  | No |  | Comment  (please include details of outside agencies) |  |
| Further information to follow (confidential, with parents’/carers permission) | Yes |  | No |  |
| Has the child ever had a CIN plan? | Yes |  | No |  | Dates and relevant information |  |
| Has the child ever had a TH Referral-L3 | Yes |  | No |  | Dates and relevant information |  |
| Has the chid ever had a TAF plan – L2 | Yes |  | No |  | Dates and relevant information |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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 |
| YOT involvement | Yes |  | No |  | YOT worker contact details, dates and relevant information |
| Any other relevant information to enable the appropriate support to be given | | | | | |

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| Parent/Carer signature | Date: |

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| **Post 16 Transition Document SECTION 3: Additional SEND Information** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Concessions for Exams | 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 |
|  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Has the student met with an Educational Psychologist | Yes |  | No |  |
| Comment | | | | |

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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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| **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: |

**If you choose to share without consent, you must keep a record of who made that decision and why.**