



TRANSITION RECORD

SETTING:

NAME:

DoB:

HOME ADDRESS:

TELEPHONE NUMBERS:

EMERGENCY NAMES & NUMBERS:

IN ATTENDANCE:

RECEIVING SCHOOL:

DATE OF TRANSITION:



Diagnosis	Medical History
Statement	Medication
	To be managed by:
Social Interaction Strengths & Difficulties	Communication Strengths & Difficulties





Social Imagination	Flexibility of Thought
Unstructured times	ANXIETIES
Sensory Sensitivities	Topics of Special Interests
	Obsessions
	Motivators
	Rewards
Hyper or Hypo Friendships	Diet
	School Lunches
Sleep	Any other
Levels of independence	Travel Plans





Information Parents want to share with receivi	ng school			
Jor Barrow				
Strengths				
Difficulties				
Concerns				
Hopes				
Information teaching team want to share with receiving 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				
\checkmark				





Receiving Teams	Comments and Commitmen	ts			
What will be put in 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 School teams	on	Parents			

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Drumbeat Outreach Service

Date:



