



Every Child is Included and Supported

Effective Transition from Primary to Secondary

INCLUSION SUPPORT SERVICE

Appendix 6

Date of Meeting	
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1 PERSONAL INFORMATION

Forename	Surname	D.O.B.
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2 SERVICE REPRESENTATIVES

Name	Designation/Service	Contact Details	Invited	Attended	Apology

3 WHAT ARE THE CHILD/YOUNG PERSON'S KEY STRENGTHS AND INTERESTS?

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4 DEVELOPMENT SUMMARY

Personal, social and emotional development

Communication and language

Physical development

4 DEVELOPMENT SUMMARY CONTINUED....

Literacy

Numeracy/mathematics

Health and wellbeing

5 ANY OTHER INFORMATION

6 PLEASE TICK WHICH REPORTS ARE COMPLETE AND ATTACH A COPY

Education Report	<input type="checkbox"/>	Medical Report	<input type="checkbox"/>
Educational Psychologist Report	<input type="checkbox"/>	Primary Assessment	<input type="checkbox"/>
Social Work	<input type="checkbox"/>	Others (please specify)	<input type="checkbox"/>
Speech and Language Report	<input type="checkbox"/>		

Does child/young person have specialised equipment to support their education?	Yes / No
Does child/young person require assessment for specialised equipment to support their education?	Yes / No
Do any adaptations require to be carried out in the receiving school?	Yes / No
Has the completed paperwork been completed?	Yes / No n/a

Give details