**Year 6 SEND Transition Information 2021**

**Deadline for return: 11th June**

**Please complete this sheet for any SEND pupil who is at SEN support (K) or**

**has an EHC (E) plan**

**Primary school:**

**Name of SENCO:**

**Pupil name: Sex: M/F DOB:**

**Address:**

**UPN:**

|  |  |  |  |
| --- | --- | --- | --- |
| Current Stage on CoP | Please tick as relevant | Area(s) of need | Please tick as relevant |
| SEN support |  | Cognition and learning |  |
| Communication and interaction |  |
| EHC plan |  | Social, mental and emotional health |  |
| Sensory and/or physical |  |

Does the pupil have any formal diagnosis (e.g. ASD, ADHD, Dyslexia, Dyspraxia etc.)

Please attach a copy of the official document.

**Please tick the agencies that are currently involved in the provision for the pupil.**

QEST \_\_\_ Educational Psychologist \_\_\_ SALT \_\_\_

VI team \_\_\_ CAMHS (Reflections) \_\_\_ HI team \_\_\_

Social Care \_\_\_ Health (please specify) \_\_\_

Other agencies (please specify):

**Please tick if applicable to the pupil**

Looked After Child \_\_\_\_ Live CAF / Early Help \_\_\_\_ On the CP Register \_\_\_\_

PP \_\_\_\_\_

**How will you be sharing information with the secondary school?**

**CPOMS?**

**Hard Copy**

**First Class**

**Other**

**Do you use EDUKEY PROVISION MAP?**

**Current attainment – teacher assessment**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | English (reading) | English (writing) | English (speaking and listening) | Maths |
| Above/at/below age related expectations |  |  |  |  |

**Please give a basic outline of the pupil’s additional needs:**

Does the pupil receive in class support? Yes/No   
If yes, how many hours per week? \_\_\_\_\_\_\_

**Please outline any one-to-one or small group interventions which the pupil receives:**

**Please outline any specific strategies that have enabled the pupil to learn well and make good progress:**

|  |  |
| --- | --- |
| Would the pupil benefit from: | Please tick as relevant |
| Primary school visit by the SENCO or HLTA from (insert school name) |  |

Please email this questionnaire to the SENCO / Transition Coordinator at the appropriate school

**Thank you for completing this questionnaire**