**Year 6 SEND Transition Information**

**Could you please complete this sheet for any SEND pupil who is at SEN support or EHC 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 & Emotional Health |  |
|  |  | Sensory and/or physical |  |

Does the pupil have any formal diagnosis (eg 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 Pyschologist \_\_\_ 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 \_\_\_\_

**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** |
| An individual visit to the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( insert school) with parents prior to New Intake Day. |  |
| Primary school visit by a member of the inclusion team from (insert school name) |  |

PLEASE RETURN TO Email : of SENCO / Transition coordinator at school

**\*\*\* THANK YOU FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE \*\*\***