**SEN Support Transition Document**

**Statutory Duty - section 8.22 from the SEN Code of Practice**

It is important that information about previous SEN provision is shared with the further education or training provider. Schools should share information before the young person takes up their place, preferably in the spring term prior to the new course, so that the provider can develop a suitable study programme and prepare appropriate support. Where a change in education setting is planned, in the period leading up to that transition schools should work with children and young people and their families, and the new college or school, to ensure that their new setting has a good understanding of what the young person’s aspirations are and how they would like to be supported. This will enable the new setting to plan support around the individual. Some children and young people will want a fresh start when leaving school to attend college and any sharing of information about their SEN should be sensitive to their concerns and done with their agreement.

**Current relevant documents**

It is anticipated that a lot of current information about support needs already exists in documents. Please tick below to indicate documents you have attached to this form. It maybe that his information means that subsequent boxes on this form do not have to be completed however it would be helpful to indicate in which document the relevant information can be found in.

|  |  |  |  |
| --- | --- | --- | --- |
| **Tick if attached** | **Name of document** | **Tick if attached** | Reports from Physiotherapy |
|  | Individual Learning Plans |  | Speech and Language reports |
|  | School reports |  | ANY medical/NHS headed letters |
|  | Adult/Children’s Service report |  | Mental Health reports (from CYPS or GP) |
|  | Educational psychology report |  | Behaviour support plans |
|  | Careers Action Plan |  | Any other documents relating to support |
|  | Exam Access arrangements |  | Copies of exam certificates |
|  | VI transition report |  | Other |
|  | HI transition report |  | Other |
|  | Reports from Occupational therapy |  |  |

1. **Young person’s information**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname: |  | Forename (s): |  |
| D.O.B: |  | Age |  | Ethnic Origin: |  |
| Address: |  |
| Tel: |  | Mobile: |  |
| Looked after child (please tick): | **YES** |  | **NO** |  |

**Young person’s parent / carer information**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname: |  | Title and Forename (s): |  |
| Relationship to child: |  | Parental responsibility: | 🞏 Yes | 🞏 No |
| Address: |  |
| Tel: |  | Mob: |  |
| Email: |  |
| Surname: |  | Title and Forename (s): |  |
| Relationship to child: |  | Parental responsibility: | 🞏 Yes | 🞏 No |
| Address: |  |
| Tel: |  | Mob: |  |
| Email: |  |

**Future career plans/experience of work/areas of aptitude for work**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Agency** | **Yes** | **No** | **Reason** | **Dates:** |
| **From**  | **To** |
| **Any Involvement with the Police** |  |  |  |  |  |
| **Youth Offending Team** |  |  |  |  |  |
| **Leaving Care Team** |  |  |  |  |  |
| **Social Services** |  |  |  |  |  |
| **Drug or Alcohol Support** |  |  |  |  |  |
| **Housing** |  |  |  |  |  |
| **Other** |  |  |  |  |  |

**Young Person’s Education Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Current education setting: |  | Starts date: |  |
| Address: |  |
| Type of school: |  | Unique Pupil Number: |  |

**School point of contact:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name:(including role) |  | Tel: |  |
| Address: |  | Email: |  |

**Health contacts**: please include GP as well as other health professionals eg CYPS/Physio/OT/SaLT etc

|  |  |  |  |
| --- | --- | --- | --- |
| General practitioners: |  | Tel: |  |
| Address: |  | Email: |  |
| Name:(including role) |  | Tel: |  |
| Address: |  | Email: |  |
| Name:(including role) |  | Tel: |  |
| Address: |  | Email: |  |

**Social Care Involvement (please circle and complete relevant details below) NO YES**

|  |  |  |  |
| --- | --- | --- | --- |
| Service: |  | Tel: |  |
| Address: |  | Email: |  |
| Social Worker name:(including role) |  | Tel: |  |

**Connexions Adviser (please circle and complete relevant details below) NO YES**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Tel: |  |
| Address: |  | Email: |  |

**Other Professionals**: (e.g. Hi/VI team, SENCO, counselling etc)

**(please circle and complete relevant details below) NO YES**

|  |  |  |  |
| --- | --- | --- | --- |
| Service: |  | Tel: |  |
| Address: |  | Email: |  |

**C .Details on Special Educational Needs and Disabilities**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Disability:** |  | **Learning Difficulty:** |  | **Health** |  |
| Visual impairment |  | Moderate learning difficulties |  | Mental Health difficulty |  |
| Hearing impairment |  | Serve learning difficulties |  | Anxiety |  |
| Disability affecting mobility |  | Dyscalculia |  | Depression |  |
| Profound complex disabilities |  | Dyslexia |  | Stress |  |
| Social and emotional difficulties |  | Other specific learning difficulty e.g. Dyspraxia  |  | Schizophrenia |  |
| Emotional / behavioural difficulties |  | Other learning difficulties  |  | Epilepsy |  |
| Temporary disability after illness e.g., post-viral or accident |  | Other specific learning difficulties |  | Asthma |  |
| Other physical disability |  | Multiple learning difficulties |  | Diabetes |  |
| Autism spectrum disorder (including Asperger’s syndrome) |  | Other |  |  |  |
| Other disability |  | Prefer not to say |  |  |  |
|  |  | Not provided |  |  |  |

Please indicate below which needs have been identified.

Please give more information below as appropriate on the above or indicate which attached document should be referred to:

Comments

**Medication:**

**Assistive technology / resources:**

|  |  |  |  |
| --- | --- | --- | --- |
| Laptop computers, keyboard and mouse alternatives |  | Software: voice to text, dyslexia, mind-mapping |  |
| Screen-reading and zoom software |  | Support chairs, back rests and monitor arms |  |
| Dictaphones, portable magnification software and audio calculators.  |  | Other (please state below) |  |
|  |

**Support student have had / Teaching and Learning strategies** including what has worked well and what has not:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1:1 support |  | Group support |  | Discrete support |  | Support with English or Maths |  |
| Study support |  | Exam Support |  | Mentoring |  | Emotional support / Counselling |  |
| Behaviour support |  | Assistive technology |  | Resource adjustments |  | Access adjustments |  |
| Physiotherapy |  | Speech and language |  | Personal care support |  | Support over lunch and breaks |  |
| Please tell us about support students have had: |

**Exam access arrangements**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Access Assistance |  | Accompanied with Support |  | Bilingual Dictionary |  | Braille |  |
| Coloured Overlay  |  |  |  | Coloured Paper  |  |  |  |
| Communication Support Worker             |  | Communication Support Worker (signing)    |  |  Dictionary |  |  Laptop             |  |
| Extra Time (100%) |  | Extra Time (50%) |  | Extra Time (33%) |  | Extra Time (25%) |  |
| Large Print |  | Modified Language |  | Oral Language Modifier |  | Practical Assistant |  |
| Prompter |  | Read Aloud |  | Reader |  | Scribe - Note Taker |  |
| Separate Room |  |  |  | Paper Supervised Rest Breaks |  | Other (please specify below) |  |
|  |

1. **Current course of study**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Subject** | **Level working towards** | **Awarding Body** | **Support needs** | **Staff** | **Staff / pupil Ratio** |
| *EXAMPLE English* | *Functional Skills Level 1* | *Edexcel* | *Help to stay on task.**Break down tasks.* | *LSA* | *In class support 1:1* |
| Maths |  |  |  |  |  |
| English |  |  |  |  |  |
| Science |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Previously Achieved qualifications –** where possible please attached copies of certificates

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Exact title of qualification** | **Date achieved** | **Level** | **Awarding body** | **Where sat** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Attendance %:

Attendance Notes:

**Independent Travel** (Do they travel independently, what training, if any, has been undertaken?)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Currently using educational transport | YES |  | NO |  |
| Has undertaken independent travel training | YES |  | NO |  |
| Can access bus | With support |  | Without support |  |
| Can access metro | With support |  | Without support |  |
| Requires support | For new journeys only |  | Constant |  |
| Any further comments |

**I agree that this information can be passed on to potential future learning providers in order to assist my transition into future learning and/or employment.**

|  |
| --- |
| Signatures |
| Party | Signature | Date |
| Young person |  |  |
| Parent/s/carer/guardian (where young person does not have capacity or where they would prefer for their parent/carer to act on their behalf) |  |  |
|  |  |
| School/education setting |  |  |