**In year Transition Checklist – to be completed by the current school**

This form is to be used to share information and provide a smooth transition for a pupil who is currently on your school roll but has been allocated to another Wolverhampton School as an in - year admission (a change of school outside the statutory transition points).

Please note:

* This form will only be used to support transition and will not be used to form part of how any respective admission authority applies their admission arrangements.
* This form will not be used for children with an EHCP as it would be SENstart rather than admissions who would co-ordinate this transition.
* The feeder school and admitting school should arrange for this information to be shared in a timely manner. Failure to provide this information by the feeder school should not be used as a reason to delay the admission of the young person.

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| --- | --- |
| Legal Surname: |  |
| Legal forename: |  |
| Preferred name: |  |
| Date of birth: |  |
| Current school year: |  |
| How long has the child been at your setting? |  |
| Name of all person(s) with parental responsibility: |  |
| Current school: | Infant School ☐Junior School ☐Primary School ☐ Secondary School ☐Post 16 provider ☐ |
| Name of school: |  |
| School address: |  |
| School telephone number: |  |
| Name of the educational professional completing this form: |  |
| Job title: |  |
| Email: |  |
| SENCO: |  |
| Is the child currently registered as receiving free school meals either benefit related or due to no recourse to public funds? |  |
| Is the child currently registered as receiving pupil premium funding either as a child of service parents, CYPIC, post CYPIC or EVER6? |  |

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| **In Year Transition Checklist** | Yes | No | Notes |
|  | Have you received the in - year transfer form via the Local Authority? |  |  | If No, do not continue the form until you receive one. |
| **CURRENT ATTAINMENT** |
|  | Is this child EAL? |  |  | If Yes, please state their level of fluency in English. |
|  | Is the child/young person performing at age related expectations for reading? |  |  |  |
|  | Is the child/young person performing at age related expectations for writing? |  |  |  |
|  | Is the child/young person performing at age related expectations for maths? |  |  |  |
| **SEND and MEDICAL NEED** |
|  | None |  |  | If Yes, skip to question 10 |
|  | Medical need |  |  | If Yes, please provide copy of health care plan |
|  | Monitoring - Additional support –e.g. reasonable adjustments made as part of the universal offer of support |  |  | If Yes, please provide information regarding this provision |
|  | SEN Support – On the SEN register as K code and receives targeted support documented through a support plan and provision map. |  |  | If Yes, please provide information regarding this provision |
| **SAFEGUARDING and SOCIAL CARE** |
|  | Are there any current or previous attendance concerns? |  |  | If Yes, please state attendance % and outline support given to the family to date. |
|  | Are there any current or previous safeguarding or social care concerns? |  |  | If No, skip to question 15.If Yes, please send through safeguarding file and arrange for your DSL to speak to the DSL at the new setting |
|  | Is an EHA open? |  |  | If Yes, provide contact details for the key worker |
|  | Is a CIN open? |  |  | If Yes, provide contact details for the key worker/social worker |
|  | Is a CPP open? |  |  | If Yes, provide contact details for the key worker/social worker |
| **EXTERNAL AGENCY INVOLVEMENT – Please highlight any services that are currently or have previously supported** |
| Speech and Language therapyPhysiotherapy Educational Psychology Occupational Therapy Specialist Advisory TeacherOutreachChild and Adolescent Mental Health Services (CAMHS) Paediatrician Health Visitor Special Needs Early YearsEducation Welfare ServiceInclusion TeamOther – please state |
|  | Previous involvement |  |  | If Yes, please provide dates of involvement and recommendations made |
|  | Current involvement |  |  | If Yes, please provide dates of involvement and recommendations made |
|  | Any other information to be shared |  |  | Please provide any additional information in the most convenient format |