**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.

|  |  |
| --- | --- |
| 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? |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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 therapy  Physiotherapy  Educational Psychology  Occupational Therapy  Specialist Advisory Teacher  Outreach  Child and Adolescent Mental Health Services (CAMHS)  Paediatrician  Health Visitor  Special Needs Early Years  Education Welfare Service  Inclusion Team  Other – 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 | |