**Transition to School Meeting**

**To be held in Summer Term prior to School entry**

**Name of child: ……………………………………… Date of Birth: ……………………………….**

**Receiving School: ………………………………… Date of Meeting: …………………………..**

**Professionals Involved:**

|  |  |  |
| --- | --- | --- |
| **NAME** | **ROLE** | **CONTACT NUMBER** |
|  |  |  |

**Child’s Strengths and Interests**

**Main Areas of Concern**

**Successful strategies used in Pre-school**

**What needs to be in place to support the child with transition into School**

**Planning for transition**

e.g. training needs, support, resources

|  |  |  |
| --- | --- | --- |
| **What is needed** | **Who will provide** | **By When** |
|  |  |  |