



Transition information form



Transition information form

Pupil's full name:

Year:

Date: / /

Pupil profile:	Yes	No	SEND support:	Yes	No	EHCP:	Yes	No
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Pupil information

Previous school name and contact details:

Languages spoken at home (main and other):

English proficiency levels	Listening	Speaking	Reading	Writing
Band A: new to English				
Band B: early acquisition				
Band C: developing competence				
Band D: competent				
Band E: fluent				

School information

Attendance:

Punctuality:

Behaviour:

Attainment levels:

Reading:

Writing/spelling:

Maths:

Science:

Other:

Additional background information:

What is working?

What is not working?

Barriers to learning:

Interventions and support in place:

Reasonable adjustments, including exam access:

Friendships:

Social, emotional, and mental health difficulties:

Pupil's voice

My interests and hobbies:

What I am good at:

My aspirations:

What helps me to learn:

What I find difficult:

What makes it hard for me to learn:

Family information

Pregnancy or birth complications:

Developmental milestones:

Walking:

Talking:

Toilet training:

Health checks:

Hearing:

Eyesight:

Nursery schools attended:

Difficulties with:

Early and imaginative play:

Eating (include dietary needs):

Dressing:

Friendships:

Fine motor skills (handwriting, using scissors, tying laces, etc):

Gross motor skills (riding a bike, walking, running, swimming, etc.):

Organisational skills:

Communication (current skills and needs):

Expressing emotions and understanding needs of others:

Additional medical information:

Agencies involved: