**The Enhanced Transition Plan**

|  |  |  |
| --- | --- | --- |
| Name of Child / Young Person | Date of Birth | Year Group |
| Name of Parents / Carers | Address | |
| Telephone |
| Date of meeting | Proposed date of setting/school entry | |
| Current setting/school | Receiving setting/school | |
| Who attended the meeting | | |
| What do we already know (background information) | | |
| Other services involved (please list) | | |
| Child / Young person’s views | | |
| Parent / Carer’s views | | |
| **Current setting** | | |
| Current strengths | | |
| Current needs (including outside agency involvement). Select and add comments.  □ Safeguarding (CiN/CP) □ Family and Parent □ Mental Health  □ SEND □ Critical Incidents □ Acute and complex medical and health  □ Young Carer □ PLAC/CiC  Comments including information relating to health and social care  Attach latest assessment sheet/ progress report and current timetable | | |
| Successful strategies / additional provision / access arrangements currently used | | |

|  |  |  |
| --- | --- | --- |
| Receiving Setting Outcome – A positive, successful and smooth transition. | | |
| Agreed actions (next steps): | | |
| **Support/ Provision/ Equipment/ Strategy to achieve this outcome (What will we do and how?)** | **Who will provide/ monitor this? (By when?)** | **Review/ was this achieved?** |
|  |  |  |
|  |  |  |
|  |  |  |
| Agreed Child/ Young person’s level of vulnerability (please tick):  Targeted  Specialist  Attach latest assessment sheet/ progress report and ‘This is me’ / One page profile | | |

|  |  |
| --- | --- |
| I agree with this plan and I am happy for it to be shared with relevant professionals: | |
| Parent / Carers / Child/Young Person’s signature | Date |
| Name of person completing the form | Name of person monitoring / transition lead |
| Contact details | Contact details |

|  |  |
| --- | --- |
| Next meeting date (if required)/ monitoring arrangements: | |
| Meeting date and time: | |
|  | |
| WHO is to attend/ to be invited: | |
| WHERE is the meeting to be held: | |
| Monitoring arrangements: | |
| Review of Plan – 6 weeks after starting setting/school: | |
| Reviewer: | Review date: |
| Comments: | |

A copy of this plan should be sent to all those who attended and are to be invited to any follow up meeting.