TRANSITION BETWEEN SCHOOLS

This form is to be used for all students with disability transitioning to Primary, Middle or Senior School.

Note: Students with disability transitioning from Senior School to post-school options must have an **Individual Transition Plan (ITP)** developed in addition to this document.

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| **PART A – Current teacher to complete** |
| Student’s First Name: | Student’s Surname: |
| Date of Birth: | Male [ ]  Female [ ]  |
| Indigenous [ ]  Non-Indigenous [ ]  | ESL: Yes [ ]  No [ ]  |
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| Parent/Guardian Name: | Relationship to Student: |
| Contact Number: |
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| Current School: | Entry School: |
| Current Teacher: | New Teacher/Delegated Contact: |
| Teacher Contact Number: | Contact Number: |
| Attendance: Regular [ ]  Irregular [ ]  If irregular, why? |

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| Please indicate the ACARA levels for English and Maths |
| **English** | **Maths** |
| Listening and speaking: | Spatial sense: |
| Reading and viewing: | Measurement and data sense: |
| Writing: | Number sense: |

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| Disability details |
| Diagnosis: |
| Specific Disability Needs (e.g. physical, intellectual or special learning needs): |
| Does the student receive SESP support? Yes [ ]  No [ ]  |
| Name of Student Support Education Advisor: |
| Name of Psychologist: |
| Does the student have a current assessment report (psychological, speech, OT, Physio)? Yes [ ]  No [ ] Please provide further information: |

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| Please attach the following documentation (if applicable): |
| Education Adjustment Plan (EAP) Yes [ ]  No [ ]  |
| Individual Behaviour Plan (IBP) Yes [ ]  No [ ]  |
| Health Care Plan (HCP) Yes [ ]  No [ ]  |
| Individual Transition Plan (ITP) Yes [ ]  No [ ]  |
| Other Supporting Documents (please specify): |

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| Additional student details: provide a summary of the following |
| Home life (e.g. any disruptions, single parent, death in family, socio-economic concerns): |
| Relationships (e.g. peers and adults): |
| Behaviour (e.g. regulating and managing emotions, strategies for behavioural issues): |
| Strengths (e.g. academic, social, motor skills): |
| Main difficulties (e.g. academic, social, motor skills): |
| Interests (e.g. music, sport, leisure activities): |
| Additional Comments/information: |
| Is a follow up meeting/visit required between the student, current school and/or transitioning school? Yes [ ]  No [ ] If yes, please specify: |

PART B – Current teacher and student to complete

Insert a photo or drawing by the student. Ask the student the questions below and insert the answers.

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| Have you been to your new school? |
| What things do you find fun at school? |
| What are you looking forward to at your new school? |
| What would you like your new teacher to know about you? |

PART C – Parents are to complete and return to current class teacher

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| What would you like the new classroom teacher to know about your child that may help the teacher support your child’s learning? |
| Is your child being provided with specialist services outside the Department of Education? Yes [ ]  No [ ] If yes, please provide further details. |
| Please describe your child’s strengths and main difficulties (e.g. academic, social, physical): |
| Are there any specific triggers and warning signs the new teacher should be aware of? |
| Is there anything else you would like the new classroom teacher to know about your child? |

[ ]  Scheduling – e.g. giving the student extra time to complete assignments or tests.

[ ]  Setting – e.g. working in a small group.

[ ]  Materials/Resources – e.g. using large print, assistive technology.

[ ]  Instruction – e.g. breaking up instructions into smaller steps.

[ ]  Student Response – e.g. allowing answers to be given verbally.

[ ]  School/class environment e.g. physical disability – school/class physically accessible.

[ ]  New class teacher/delegated central contact – back up person?

**PART D – Student’s new teacher/delegated contact at entry school to complete**