

## Transition Support Requirements

<b>Name</b>		<b>School</b>	
<b>Date of birth</b>		<b>Year Group</b>	
<b>Address</b>			
<b>Email</b>		<b>Telephone number</b>	
<b>Provider and course applied for if known</b>			

<b>Summary of LDD (tick all that apply)</b>	
Cognition and Learning including MLD, SpLD, SLD	
Communication and Interaction including ASD, SLCN	
Sensory and/or physical needs including HI, MSI, PD, PMLD, VI	
Social, Emotional and Mental Health	

<b>Please provide details about the young person's barriers to learning</b>
<b>Relevant background information eg level of attainment or predicted grades, work experience, skills and abilities, likes and strengths, hobbies and interests, home &amp; family or LAC</b>
<b>Based on what has been put in place and worked, what strategies would you recommend to overcome the young person's barriers to learning, eg teaching support, communication environmental support, personal care, transition support and exam access?</b>
<b>Details of any input from external agencies eg social care, medical or mental health</b>
<b>What are the young person's goals short, medium and long term?</b>

<b>Consent</b>	<b>Signature</b>	<b>Date</b>
It has been explained it would be helpful to share this information and the young person or parent/carer has given consent.		
<b>This form has been completed by;</b>		
<b>Contact telephone number and email address;</b>		