

Buckinghamshire Transition Form

Student Name:			Date of Birth: ____/____/20____		
Primary School:			Do you believe this student receives Pupil Premium? (please tick)	Yes	No
Section One: Student Information					
	Reading	Writing	Maths	Science	
Predicted End of KS2 expectation (Teacher Assessment)				Working at expected standard? Yes / No	
Foreign Language studied:	French / Spanish / None / Other				
Able, Gifted and Talented (if recorded)	Yes/No	If yes, please describe:			
Student Achievements & other relevant information (e.g. Young Carer)					
Attendance					
Section Two: Friendship information (To be written in consultation with student and parents/guardian)					
Recommended friends					
Students to be separated from					
Any issues? Please detail					
Section Three: Additional pastoral support required for transition period					
Please complete <i>only</i> if you believe that the student requires additional support over the transition period					
Additional pastoral support recommended for transition period					
Please provide contact details for Pastoral Support Lead/Year 6 teacher, so a transitions plan can be created	Please print name				
	Best contact number/time				
Section Four– Safeguarding/Early Help					
To be completed <i>only</i> for students on levels 2, 3 or 4 of the Buckinghamshire Threshold Document					
Face to face handover between primary and secondary Designated Safeguarding Leads will be required					
Please do NOT provide any additional details on this form					
Please provide contact details of Designated Primary Safeguarding Lead	Please print name				
	Best contact number/time				
Please see guidance notes for recommended transition support by threshold level/additional need					

Section Five – SEND/Significant Medical Need						
Please complete <i>only</i> for students with EHCP/SEND support/statement or significant medical need						
Please attach student's current EHCP/SEN Support/Statement/Health Care Plan						
Access arrangements Please tick	Reader	Scribe	Extra Time	Laptop	Transcribe	Other
Please detail any specialist equipment used						
Does equipment need to be transferred to secondary school site?		Yes			No	
Is a face to face SENCo handover required (recommended)		Yes			No	
If yes, please provide primary SENCo contact details	Please print name					
	Best contact number/time					
Section Six – Significant Behaviour Needs						
Please complete <i>only</i> for students with significant behaviour needs						
Please attach student's current Proactive Behaviour Plan						
Behaviour concern, please detail (if not covered by above)						
Is a face to face handover required? (recommended)		Yes			No	
If yes, please provide contact details	Please print name					
	Best contact number/time					
Section Seven: First language						
Please complete <i>only</i> if you believe that English is not this students first language						
First language						
Additional languages spoken						
At which stage is the student? (please tick)	New arrival		Advanced bi-lingual			
	Developing bi-lingual		Fluent English			
Please provide any details of support/interventions which this student has accessed						
Is a translator required when communicating with parent/carer?		Yes			No	
Section Eight: Declaration						
I believe that this information to be correct, to the best of my knowledge						
Signature						
Name	Title			Date		