

Named contact details:

Permission to share

**TRANSITION TO COLLEGE: ACCESSING INFORMATION**

Lead Professional

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**EDUCATION**

**SOCIAL SERVICES**

**HEALTH CARE**

**Name of Young Person:**

 **School:**

**Confirmation of place:** Yes / No

School — named contact details:

LA — named contact details:

Connexions — named contact details:

Safeguarding

Academic data

Qualifications

Behaviour Plan

Sensory assessment

**PARENTS/CARERS & YOUNG PERSON**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Main point of contact:

Interpreter required

Transition Booklet completed

Named contact details:

GP

Specialist

Paediatrician

Occupational Therapist

Physiotherapist

Speech and Language Therapist

Psychologist

Needs Assessment completed

Enrichment programme required

Transport required

Health Needs Assessment completed

Health Plan

Specialist Plan

YP condition

Medication

Mobility / equipment / moving and handling plan

Guidelines (e.g. eating)

Training needs

EHCP