

TRI-BOROUGH TRANSFER REVIEW FORM

For Statements of Special Educational Needs

This form should **only** be used for Transfer Reviews in relation to assessing the transfer from a Statement of Special Educational Needs to an Education, Health and Care Plan

Child/Young Person's personal details																	
NAME:																	
DoB:				GENDER:				UNIQUE PUPIL NO:									
HOME ADDRESS: (Including Post Code)																	
HOME AUTHORITY																	
NAME OF SETTING OR SCHOOL																	
YEAR GROUP:				IS THIS THE CORRECT YEAR GROUP?		Y / N		KEY STAGE				LEAVING DATE					
ETHNICITY:								RELIGION:									
NAME AND ADDRESS OF GP:								NHS NUMBER:									
LANGUAGE(S) SPOKEN AT HOME:								INTERPRETATION REQUIRED		Y / N							
IS THE CHILD/YOUNG PERSON Looked After by the Local Authority?						Y / N		IS THE CHILD/YOUNG PERSON Subject to a Child Protection Plan or Child in Need?				Y / N					
NAME AND ADDRESS OF GP								NHS NUMBER:									
DATE OF THIS REVIEW:								DATE OF LAST REVIEW:									
Is SEN Home to School Transport currently provided?										YES				NO			

Date of current Statement of SEN :	
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Child/Young Person's Parent/Carer information				
FULL NAME (incl first name):		RELATIONSHIP TO CHILD:		
ADDRESS: (Including Post Code)				
Tel No's:				
Email Address:				
Child/Young Person's Parent/Carer information				
FULL NAME (incl first name):		RELATIONSHIP TO CHILD:		
ADDRESS: (Including Post Code)				
Tel No:				
Email Address:				
Who does the child/young person live with, if different from above:				
Consent Received from Parent(s)/Carer(s) and/or Young Person for Transfer Review to commence?		YES		NO
Signature of Parent(s)/Carer(s) and/or Young Person for Transfer Review to commence				

PRACTITIONERS WORKING WITH THE CHILD/YOUNG PERSON

Name	Role	Nature of Intervention and purpose (Please indicate if the involvement has ended)	Attendance at this Annual Review Yes/no	Date of Report (if provided)

Assessment results at the time of the Annual Review

Test results	Test used	Current result	Date of Test	Previous result	Date of Test
Reading					
Writing					
Comprehension					
Mathematics					
Others <i>please specify such as GCSEs, CELF</i>					

Section A

Child/Young Person's views

ALL ABOUT ME – Views, interests, hopes and dreams:

My aspirations and goals for the future: what I'd like to do and be in the future, including leisure, friendships and further education / adult life / independent living.

My history: my journey so far

Things I like about me

Things others like about me

Things I'm good at

What is working well for me

What isn't working well for me at the moment

Things I like

Things I don't like

What I'd like to change

How I need to be supported to be heard and understood

If someone helped me with this part of the form, their name is below with an explanation of how they have helped me.

Parental views

What are your hopes and dreams for your son/daughter?

Do you think your son/daughter is making progress at school? In what subjects/areas particularly?

Is there anything that your son/daughter has achieved or especially enjoyed this year that you would like to comment on or bring to the school's notice?

What are your son/daughter's Health or Social Care needs, now and ongoing into adulthood?

SECTION B**What are the Child/Young Person's Educational Needs?**

This section should be completed using the advice provided from relevant professionals:

Cognition and Learning	Strengths:	
	Special educational needs	How these affect their learning
Communication and Interaction	Strengths:	
	Special educational needs	How these affect their learning
Social, Emotional and Mental Health	Strengths:	
	Special educational needs	How these affect their learning
Physical and/or Sensory Needs	Strengths:	
	Special educational needs	How these affect their learning

SECTION C

What are the Child/Young Person's Health Needs?

Health needs

In this Section set out the child/young person's Health Needs

The provision being provided to meet those needs:

SECTION D

What are the Child/Young Person's Care Needs?

Social Care needs

In this Section set out the child/young person's Care Needs

The provision being provided to meet those needs:

Section E (Summary of outcomes), Section F (special educational provision), G (Any Health provision reasonably required), H1 (Social Care provision under S2 of Chronically Sick and Disabled Persons Act 1970) and H2 (Any other social care provision).

My achievements and successes over the past year

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Attendance Record – please provide as much information as possible

Name of Setting	Period (Dates)	Actual Attendance (No of Sessions)	Possible Attendance (No of Sessions)	Percentage Attended

The current objectives in the Statement

Objective	Progress made over the past year in meeting the objectives	Outcome achieved Fully (F), Partially (P), Not met (N)

Do I need an Education, Health and Care Plan (EHC Plan)?	YES		NO	
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If not, why not?

If a No, please go to Page 12 of this document

If yes, what are the proposed outcomes for the EHC Plan?

Outcomes		Timescales to achieve
Outcome 1		
Outcome 2		
Outcome 3		
Outcome 4		
Outcome 5		
Outcome 6		

Outcome 1				
Steps I need to take to achieve this outcome				
SUCCESS CRITERIA				
What will success look like?	How will we measure this?	When will we measure this?	Who will measure this?	
ACTIONS REQUIRED			RESOURCES REQUIRED (Itemised in sections FG and H)	
What will the interventions be?	Who will do them?	How often will they happen?	What is needed to support the interventions?	Where is this coming from?

*Duplicate as required

(Year 9 and above only)

Preparing for Adulthood, Employment, Independent Living and Participation

What education or training am I currently doing?

What support do I want/I need to complete this?

What are my aspirations for when I finish my education and/or training and what do I need to help me achieve this?

What help and advice do I need in preparing for adulthood, such as housing benefits, supported employment, advocacy, health support, benefits etc?

Preparing for Adulthood

Do I think I need support into adulthood from Adult
Social Care or Health?

YES

☐

NO

☐

If Yes, what support do I think I need?

Section I – Educational Placement

Placement			
Is child/young person likely to remain at their current setting, school or college until the next Annual Review?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>

If No, please name the proposed setting, school or college and the date of expected transfer

Name:	
Date of Expected Transfer:	

Section J – Personal Budget

Personal Budget			
Is a personal budget requested?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>

If Yes, how will it be spent?

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Any additional information from the review meeting
Any additional information or professional reports required to complete the transfer to an EHC Plan

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Full Name of School Representative(s) completing review documentation	Title	Signature

Is everyone present in agreement with the content of this review documentation?	YES		NO	
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Date review documentation submitted to Local Authority (to be within 2 weeks of review meeting)	
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