#

# SEND transition meeting agenda

Time: Location:

Present:

|  |  |
| --- | --- |
| Item | Detail |
| 1 | Welcome and apologies |
| 2 | Outline purpose of meeting |
| 3 | Share child’s strengths and interests  |
| 4 | Prime area of need and support in place within current setting |
| 5 | Opportunity for parents to discuss worries about transition |
| 6 | Current and proposed setting discuss similarities and differences between settings |
| 7 | Agree on plan of action to support settling in new setting |
| 8 | Agree dates and time of transition visits |
| 9 | Summarise Key points |

# Transition action plan

|  |  |  |  |
| --- | --- | --- | --- |
| **Strategies to consider** **at new setting:**  | **Outcome for child** | **Action to be taken** | **By whom and when?**  |
| Possible areas to consider:  | *e.g. X will be able to enter the classroom independently.* *X will be familiar with their new teacher.* | Ensure that activities X enjoys are planned within their first week and available for X to access. There will be a minimum of three visits across settings and provide photos as for current setting to explore with X.  | *Miss Smith completed planning by Sept 2025.* *Miss Smith and Miss Jones will set dates within two weeks of transition meeting.*  |
| **Classroom organisation** Layout, quiet area, toilets, visual distraction? |  |  |  |
| **Social relationships**What can help the child to build successful social relationships during settling period? |  |  |  |
| **Visual strategies** Photographs, symbols, Makaton,personalised approach required? |  |  |  |
| **Resources, materials and strategies** Social stories, circle time, weighted blankets, Attention Autism, chew buddy etc |  |  |  |
| **Breaktime/lunch**Buddy required? Lunch in hall or separate space, small group, packed lunch/hot lunch, use of ear defenders etc |  |  |  |
| **Sensory sensitivities**Noise, lighting, movement break, hunger/pain etc.  |  |  |  |
| **Visits** |  | **Visit dates****1)****2)****3)** |  |

### Additional Information:

Has an education, health and care plan (EHCP) been: Requested? Yes/No

 In Process? Yes/No

 Completed and in place? Yes/No

 Declined? Yes/No

Has the setting been in receipt of funding to support inclusion for this child?

Has there been an Early Help Assessment completed for the family? Yes/No Is the Early Help Assessment still active? Yes/No

### Please attach all individual education plans, reports, parent reports, behaviour plans, care plans etc, that will support the inclusion of the child in the new setting.