

TRANSITION PLAN - SCHOOL ADVICE

Last Name:

First Name:

D.O.B:

School:

1. Post 14 Curriculum Plan

Courses to be Undertaken	Specific Needs/Adaptations/Modifications
<div></div>	
Mainstream Integration (if appropriate) <div></div>	

2. Community Awareness/Involvement

Through	Subject/Nature of Involvement	Specific Needs/ Adaptations/Modifications
Coursework	<div></div>	<div></div>
Placement	<div></div>	<div></div>

3. Personal/Social Development

Identified needs	How needs will be meet in school

4. Vocational Skills

Identified needs	How needs will be met in school

5. Use of Leisure/Recreational Facilities

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6. Any Other Needs

7. Anticipated Post 16 Progression

8. Additional Information

Signed: _____ **Form Tutor:** _____ **Date:** _____

Signed: _____ **Headteacher:** _____ **Date:** _____