**Individual Transition Plan**

Pupil’s Name: Year: DOB: Age:

EHC Plan □

People involved in setting up transition plan:

|  |  |  |  |  |
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| **What can the Pupil do now? (Academic)** | **Target – This must be SMART**  (Specific, Measurable, Achievable, Realistic and Timed) | **Success and/ or exit criteria** | **Teaching strategies, staff involved, resources required** | **Review**  Please mention whether the target was not met, partially met, fully met and exceeded along with a date and a comment. |
|  |  |  |  |  |
| **Review Meeting Date** | Parents/ Careers: | | School rep: |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| How is the child feeling? | SEMH  Including attendance | Action on how to support | By whom | How can foster carer support | How far have the school and the child moved forward | View of the child |
|  |  |  |  |  |  |  |