



**HuishEpiscopi**

## **ADDITIONAL NEEDS TRANSITION FORM FOR PARENTS/CARERS**

In preparation for your child joining our school we will contact your child's current school and request any additional information related to Special Educational Needs and/or Disability. We will also ask for any other information which is important for us to know about which could affect your child's progress or well-being, both currently or in the future.

As the parent carer we acknowledge that you have a tremendous understanding of your child's needs, including their strengths and the challenges that they face. If you would like to contribute your knowledge then please complete the form overleaf. There is no expectation that this form is completed and your child's support is not dependant on the form being completed. However, if you would like the opportunity to pass on relevant information then please use the form with as much information as you wish to provide. The SENCO will subsequently disseminate the details to staff. Please indicate any information that you would like to be treated as confidential, this information will subsequently only be shared with key staff.

Please return completed forms along with the medical and student information form to Mrs Watford.

Many thanks.

**Mrs J Hills**  
**SENCO**



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**ADDITIONAL NEEDS TRANSITION FORM FOR PARENTS/CARERS  
REPLY SLIP (please return with Student Information Form)**

**Child's Name:**

**Date of Birth:**

**Current School:**

**Child's Strengths:**

**Please let us know if your child finds anything difficult:**

**Any suggestions of ways we can help your child, either in the classroom or around the academy in general:**

**Any specific diagnosis:**

**Support agencies or medical professionals involved: (please state whether current or previous)**

**Any other information:**

**Signed:**  
Please print name:

**Date**