**Maidstone District Year 6/7 Secondary Transfer Form**

Please complete the following form for every Year 6 pupil in your school that will be transferring to a MAIDSTONE SCHOOL. Please indicate which school they have been given as indicated in their Secondary Offer.

If a pupil is successful in an appeal, this document can then be shared with this school.

Many thanks for your support.

Please complete electronically. Tick or highlight as necessary

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| **Student Details** | | | | | | | | |
| **Name of Secondary School** |  | | | | | | | |
| **Name of Primary School** |  | | | | | | | |
| **Legal Surname** |  | | | | | DOB (DD/MM/YYYY) | | |
| **Forename/s** |  | | | | |
| **Is the student known by any other name? (Please specify)** |  | | | | | Ethnicity | | |
| **Gender at Birth** | Male/female | | | | | | | |
| **Which gender does the student identify with if different from above?** | Male | | Female | | | | Gender neutral | |
| Is this student gender transitioning? | | | YES/NO | | | | |
| **Current Attendance %** | Attendance |  | Unauthorised | |  | | Authorised |  |
| **Any Fixed Term Exclusions in Year 6?** | Yes | No | Number of Days | |  | | | |
| **Siblings**  **attending Secondary** |  | | | | | | | |
| **SEN Status** | No SEN |  | SEN support | |  | | EHCP  Date of issue |  |
| High Needs Funding in place?  Renewal date |  | Personalised/Provision Plan in place? | |  | | SEN Needs  C&I  C&L  SEMH  Physical/ Sensory | |
| Statutory Assessment in process? |  | Date SA process requested? | |  | |

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| **Language** | | |
| **Is English the first language for the student?** | Yes | No – Please specify first language |
| **Is a translator required for home/school communication?** | Yes/No | Yes – Please give details |

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| **Care** | | | | |
| **Nature of support from Parents/Carers?** | Positive | | Indifferent | Negative |
| **Please comment further as necessary** |  | | | |
| **Does this student qualify for FSM/Pupil Premium?** | Yes | No | | |
| **Are any parents/carers serving members of the Armed Forces?** | Yes | No | | |
| **Is this student a Young Carer?** | Yes | No | | |
| **If yes to any of the above, please provide details:** | | | | |
| **Is this student considered to be vulnerable? – Please highlight the number that ‘best fits’ this student** | | | | |

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| **1** | **Where there are complex student needs.** | * LAC/CP child vulnerable YP * Challenging behavioural issues. * Additional transition support needed prior to September. * EHCP * Medical needs |
| **2** | **Where there is moderate student needs.** | * May need support to settle at the start of the academic year * Social difficulties * Moderate SEMH needs * SEN Support |
| **3** | **Where there are no concerns about this student** | * Excited about transition * Copes well in school and no immediate additional support required. |

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| **If 1, please provide details and your main areas of concern:** (to include social isolation, emotional/behavioural difficulties i.e. bereavement, separation etc., physical/medical factors i.e. obesity, conditions requiring medication etc.) |

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| **Medical Needs** | |
| Are there any health related concerns or diagnoses?  If **yes**, please provide details of any treatment required in school | Yes /No |
| Are they any undiagnosed needs or issues e.g. Social Communication needs/Attention difficulties?  If **yes**, please provide details: | Yes/No |
| Does the student require a Medical Care plan? | Yes/No |

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| **External Agency Involvement** | | | | | | |
| **Are there any Safeguarding concerns?** | Yes | CP file to follow | | | No | |
| **Is this student a Looked After Child (LAC/CHiC)?** | Currently |  | Historically |  | No |  |
| **Which Local Authority is responsible for the child?** | Kent |  | | Other - Please specify: | | |
| **Has there been any Social Services involvement?** | Current |  | Historical |  | None |  |
| **Has there been any Early Help involvement?** | Current |  | Historical |  | None |  |
| **Please provide necessary details (Adhering to confidentiality protocols)** | | | | | | |
| **Other External agency Involvement:** | | | | | | |

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| Children’s Community Nursing Team |  | Education Welfare Officer |  |
| Children’s Disability Service |  | CAMHs/NELFT |  |
| Hearing Impairment Team |  | Occupational Therapy |  |
| Visual Impairment Team |  | Community Pediatricians |  |
| PIAS  (PRU, Inclusion and Attendance Service) |  | Kent Health Needs |  |
| Education Psychology (EP) Service |  | Physiotherapy |  |
| Speech and Language Service |  | Specialist Teaching & Learning Service |  |
| Other: please state |  | | |
| Please provide any necessary information: | | | |

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| **Attainment** | | | |
| **English – Reading Age** |  | | |
|  | **Working towards** | **Expected** | **Greater Depth** |
| **Reading** |  |  |  |
| **Writing** |  |  |  |
| **Overall** |  |  |  |
| **Maths** |  |  |  |
| **Science** |  |  |  |
| Please note any other data/assessments that are relevant/noteworthy | | | |

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| **Attitude to learning** | | | | |
| Attitude to work | Positive | | Variable | Of Concern |
| In need of additional teacher input | Never | | Sometimes | Often |
| Confidence in Learning | Good | | Weak | Restricting Progress |
| Independent learner | Good | | Weak | Restricting Progress |
| Willingness to learn | Good | | Weak | Restricting Progress |
| Effort in work | Good | | Weak | Restricting Progress |
| Concentration/focus | Good | | Weak | Restricting Progress |
| Disruptive/attention needing | Never | | Sometimes | Often |
| Issues with homework | Never | | Sometimes | Often |
| **Personal Attributes** | | | | |
| Kindness/caring | Always | | Usually | Rarely |
| Responsible | Always | | Usually | Rarely |
| Resilient | Always | | Usually | Rarely |
| Polite/respectful | Always | | Usually | Rarely |
| Aggressive | Never | | Sometimes | Often |
| Interaction with peers | Good | | Acceptable | Poor |
| Emotional/Needy | Never | | Sometimes | Often |
| Attitude to Uniform | Good | | Acceptable | Careless |
| TEACHER RECOMMENDATION FOR PEER SUPPORT/ FRIENDSHIPS | | | | |
| If possible, please provide the name(s) of any students you think the student should/should not be in the same class with and why: | | | | |
| To be with: | | To avoid: | | |
| FURTHER COMMENTS/ANY OTHER INFORMATION THAT MAY BE HELPFUL IN SUPPORTING THIS STUDENT THROUGH TRANSITION | | | | |
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| **Transfer Form completed by:** |
| **Name: Position:**  **Telephone Number: Email:** |

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| **Documents to be sent over in student’s file or to the SENCo:** (please tick) | | | | |
| PupilPassport |  |  | Medical Reports |  |
| EP Report |  |  | Progress and Attainment Data |  |
| SALT Report |  |  | Personalised/Provision Plan |  |
| Social Care Plans/CP folder |  |  | Individual Medical Care Plan |  |
| Annual Reviews |  |  | Other please state: | |
| EHCP Documentation |  |  |