

Individual transition plan template - sample

Table 1 - child's information

Family name	Days/times	
Given name	attending	
Date of birth	Start date	

Table 2 – school or early childhood service information

School or early childhood service information	Details
Service/school name	
Address	
Phone	
Email	
Primary contact person school/service	
Preferred contact mode	
Primary contact person family	
Preferred contact mode	
Best times for family to contact school/ service	
Best times for school/service to contact family	
Date of meeting(s)	
Planned review dates	

Table 3 – current support information

Current support information – include relevant contact information	Details
Strengths	
Interests	
Additional support needs/diagnosis	
Medical information/reports	
Early childhood education services	
Other support professionals or agencies	
NDIS information	

Table 4 – consultation notes

Consultation with family, other service providers and professionals, and the child themselves if possible	Details
 Parents/carers How do they imagine transition will go? Do they have any concerns as their child transitions? Do they have suggestions that would support transition for the child? 	
 Service providers How they imagine transition will go? Do they have any concerns as the child transitions? Do they have suggestions that would support transition for the child? 	
 Student What will the new school or early childhood service might need to know about them? Do they have any concerns about transition? 	

Table 5 - transition and support action plan

Support area	Strategies/action/resources Draw on strategies identified through the collaborative planning tool process	Person(s) responsible
Within school/service support		
Targeted support Applications or access request submissions		
Plans to support transition prior to starting		
Planning and preparation for orientation		
Planning and preparation for the first day		
Ongoing strategies after the first day		
Other action to support transition		

Table 6 - contributors to the transition plan

Name	Role	Signature	Date

Table 7 - reflection and evaluation

Reflection and evaluation	Response
What worked well?	
What did we learn?	
What new adjustments need to be made?	
Who does this need to be communicated to?	

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