Transition to school for children with additional needs

**Date:** Enter date

**Attendance:** Enter attendees

**Apologies:** Enter apologies

|  |  |  |
| --- | --- | --- |
| Items for discussion | Minutes | Actions to be taken |
| Who are the children who will require additional support? |  |  |
| What kind of support will they need? |  |  |
| Who are the children with diagnosed disabilities requiring significant support and/ or differentiation to have a successful start to school? |  |  |
| What can you tell us about them? |  |  |
| Let’s set a date to meet with yourself, the family/families and myself to discuss what we can do to ensure a strong start to school for this/ these children. |  |  |