# Transition Meeting

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| **Child’s name:** |  | **Date of Birth:** |  |
| **Setting:** |  |  |  |
| **Transition to:** |  | | |
| **Current and previous professional support (name and role)** |  | | |
| **Date meeting** |  | | |
| **Present at meeting** |  | | |

**Background/ Relevant History:**

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| **Parents views and concerns around transition:** |

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| **What is important to …… and what is going well?** |

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| **This is what we are working towards at the moment:**  **1**  **2**  **3** |

## Next steps for ….

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| **When we think about what’s important for …..**  In transition we would like to see:  **1.**  **2.**  **3.** |

## Summary of action agreed

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| **Action agreed** | **By whom** | **By when** | **Who needs to know that the action has been carried out** |
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