

TRANSITION PLAN

PUPIL REPORT

NAME:

AGE: DOB:

ADDRESS:

SCHOOL:

This report is to give you the chance to tell us how you feel about school and what you would like to do when you leave.

?? You do not have to answer the questions, but it will help us to find the right sort of help and support for you in the future.

?? There are no right and wrong answers.

?? If you are worried about not being able to answer the questions fully, you can ask someone to help you - a member of your family, a teacher, a learning support assistant or a friend.

?? It would help us if you would put the name of the person who helped you at the bottom of your answers.

?? If you want to add anything else, please write it at the bottom of the answer page.

Thank you for your help.

PROGRESS IN SCHOOL

1. What lessons do you most enjoy in school?

2. What do you think you have done well in, in school?

3. What have you found hard to do in school?

4. Have you been in any school clubs or teams? What are they?

THE FUTURE

1. What would you like to do when you leave school?

2. What do you need to do, to do this job or go to this College or school?

3. Who could help you to achieve this?

4. Is there anyone else you could go to for help or advice?

5. Would you like to have some extra help or support when you leave your school?

What kind of help would you like?

6. Can you think of anything else you would like to ask or write, about what you would like to do in the future?

Signed: _____ Date: _____

The name of the person who helped me to write this is: