

**Transition Arrangements for**

**Previously Looked After Children**

To be completed by the education setting and parent/guardian once onward provision has been confirmed. Please use in conjunction with EPPLAC or EPPLAC review forms.

**Name**: **Date**:

**Current** **Next**

**Provision**: **Provision**:

Is additional transition planning required? **YES/NO**

Main areas of focus for transition plan (areas of need and concerns)

Has an EPPLAC meeting been arranged to discuss transition plans? **YES/NO**

If Yes, date of meeting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Designated Teacher at onward provision \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who will contact the Designated Teacher and/or SENCO to ensure that they are able to attend the EPPLAC meeting? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_