

**Transition Arrangements for**

**Children living in Kinship Care**

To be completed by the education setting and parent/guardian once onward provision has been confirmed. Please use in conjunction with EPKC Initial Meeting Forms or EPKC 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 EPKC 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 EPKC meeting? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_