

Primary and Secondary Short Stay & Specialist Centres

Assessment & Intervention

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[www.lindencentre.co.uk](http://www.lindencentre.co.uk/)

**Transition Contract**

**PLAN 1**

Young Person’s Name:

Date: Time:

Main Contact at Linden: Job Title:

Main Contact Details:

BSAT Worker Name: Job Title: Inclusion Mentor

Family Composition:

Family Contact Details:

Agencies Involved:

Contact Details:

What are your hopes and anxieties about returning to mainstream school?

*e.g. not being listened too, not knowing where to go, being successful and so on…*

YOUNG PERSON:

On a scale of 0 – 10, where 10 is where you are achieving your best hopes and 0 being the opposite, where are you now as you have been in mainstream for three weeks?

0 1 2 3 4 5 6 7 8 9 10

What makes you a (?)

What would make you go from (?) to (?)

What would things look like at (?)

MAINSTREAM SCHOOL:

On a scale of 0 – 10, where 10 is where the young person is achieving their best hopes and 0 being the opposite, where would you score them now they have been in mainstream for three weeks?

0 1 2 3 4 5 6 7 8 9 10

What makes them a (?)

What would make them go from (?) to (?)

What would things look like at (?)

PARENT/CARER:

On a scale of 0 – 10, where 10 is where the young person is achieving their best hopes and 0 being the opposite, where would you score them now they have been in mainstream for three weeks?

0 1 2 3 4 5 6 7 8 9 10

What makes them a (?)

What would make them go from (?) to (?)

What would things look like at (?)

What would you say your strengths are in school and outside of school?

What would you say your difficulties are in school and outside of school?

First week plan outline:

Days

Times

In class?

In nurture?

With or without support?

|  |  |  |  |
| --- | --- | --- | --- |
| Aim | Action | To be completed by | Desired Outcome |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Agreed Review Date in three weeks’ time:  |

Young Person sig:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ New School Contact sig:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Linden Contact sig:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BSAT Worker sig:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_