



## ASSESSMENT AND TRANSITION GROUP CHECKLIST

**Name of Pupil:**

**DOB:**

**School:**

**Key Contact:**

**REASON FOR SUBMISSION:**

	Please Tick (If yes)	<b>Paperwork Required</b>	Please Tick (If completed)
Transition Process (Early Years / P7)		Completed GAP Tool	

**or**

	Please Tick (If yes)	<b>Paperwork Required</b>	Please Tick (If completed)
Advice on Effective Intervention/Strategies		Current Child's Planning Meeting outcome	

**CHECKLIST:**

	Please Tick (if yes)
Parental consent given	
Please indicate which support services are currently involved:	
• Inclusion and Wellbeing Service	
• Educational Psychology Service	
• Speech and Language Therapy	
• Literacy Service	
• Murrayfield Language Centre Support	
• Pre-school home visiting service	
• Community Child Health	
• CAMHS	
• Social Policy	

Please return this completed form and associated paperwork to [julie.hilditch@westlothian.gov.uk](mailto:julie.hilditch@westlothian.gov.uk)