# Capture

# EY SEND Transition - Reasonable Adjustment Audit

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| Name of Child : Name of School:  Completed by: Job Role: |
| Are there any barriers which you feel may prevent or hinder transition?  *Please list below.* |
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| What adjustments have you considered/trialled to overcome these barriers?  *Please give clear descriptions or examples.* |
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| Which of these potential solutions are you considering to be reasonable? |
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| Which of these potential solutions are you considering to be unreasonable and why? |
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| Please describe efforts made to support the child and their family in this transition process.  *Include details of meetings with family and other professionals with whom you have gained advice from.* |
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| Evaluation of transition process so far for this child. |
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