**Individual Learning and Support Meetings/Transition– STUDENT STUDENT**

**School:**

|  |  |  |
| --- | --- | --- |
| **Meeting 1.** | | |
| **Date:** | **Meeting Time:** 2pm | **Meeting Location:** |
| **Attendees:** | | |
| **Apologies:** | | |

**Items for discussion**

| **Agenda Item** | **Lead Person** | **Discussion/Decision** | **Action** | **Who** | **When** |
| --- | --- | --- | --- | --- | --- |
| Transition folder |  |  |  |  |  |
| Case history |  |  |  |  |  |
| Behaviour |  |  |  |  |  |
| Part Day Exemption Plan - |  |  |  |  |  |
| Well-being |  |  |  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Risk Assessment |  |  |  |  |  |
|  | | | | | |
| School Counsellor Intervention |  |  |  |  |  |
| Study program, Life Skills or Mainstream |  |  |  |  |  |
| Attendance |  |  |  |  |  |
| Comments | | | | | |
| Disability Confirmation Sheet |  |  |  |  |  |
| Medications |  |  |  |  |  |
| Outer Agencies Support Team – who? |  |  |  |  |  |
| Health & Development |  |  |  |  |  |
| School Counsellor |  |  |  |  |  |
| Paediatrician |  |  |  |  |  |
| Clinical Psychiatrist |  |  |  |  |  |
| ILP |  |  |  |  |  |
| Risk Management Plans   * Entry/exit to school * Transition to/from class * Playground * Excursion |  |  |  |  |  |
| Behaviour Management Plan |  |  |  |  |  |
| WH&S Audit and transition |  |  |  |  |  |
| MAPA Plan |  |  |  |  |  |

**STUDENT Meeting Record Summary - Transition**

**Meeting Record**

1.

2.