Autism Spectrum Disorder: Secondary School Transition Statement

Introduction
Starting secondary school is an important and exciting step for students and their families, but it can also be a difficult time for some. When a student has Autism Spectrum Disorder (ASD) the transition usually involves extra challenges and may be a source of considerable stress and anxiety for parents/carers, professionals and the child. Successful transition to school requires careful planning, preparation and communication that lead to a shared understanding of each child. The ‘ASD: Secondary School Transition Statement’ provides a means for parents and educators to work together. This additional information assists parents and professionals to have a shared understanding of the student’s symptoms of ASD, profile of abilities and how these impact upon him/her. It includes a summary of previous assessments and reports. It also provides information on the student’s current learning profile. A student snapshot may be part of this statement to provide teachers with a one page summary of each student.

Privacy and the ‘Autism Spectrum Disorder Transition to Secondary School Transition Statement’

Parent/ School Consent Form
Consent:
The ‘Autism Spectrum Disorder: Secondary Transition Statement’ (the Transition Statement) is a tool to ensure parents and professionals have a shared understanding of a student’s symptoms of Autism Spectrum Disorder (ASD), providing valuable information to support the continuity of a child’s learning. Together with professionals from your child’s primary school and the new secondary school, you will develop the Transition Statement. Your child also has an opportunity to provide input and shape their transition journey.

The Transition Statement gathers relevant information to build a shared understanding of your child’s educational strengths and needs. The Transition Statement profiles your child’s abilities, summarises their previous assessments and reports, and provides information on your child’s current learning profile. The Transition Statement will include information on some or all of the following:

- Diagnosis
- Current ASD symptoms
- Cognitive profile- thinking and learning
- Health/ associated features
- A description of the child’s current emotional and behavioural profile

Knowing this information about your child will enable your chosen secondary school to:

- provide tailored support for your child
- effectively plan and prepare a successful transition to secondary school, and beyond
- be informed of your family’s perspectives and concerns

Once collected your child’s Transition Statement will be kept private, secure and safe from unauthorised access. It is the responsibility of the Secondary School to ensure that the statement is stored securely and safely.
Access to view your child’s Transition Statement will be granted only to professionals whose need to view the information is in line with the purpose of the statement—that is, to support your child’s transition, learning and development. Professionals may include, but is not limited to:

- Key Learning Area (subject) teacher/s
- Homeroom Teacher/s
- Leadership staff
- Staff with wellbeing responsibilities
- Student Support Services Staff (including, but not limited to: psychologists, speech pathologists etc)

If you choose not to provide some or all of the information requested, or allow limited and appropriate information from the Transition Statement to be shared with relevant school staff and other education professionals working to support your child, it may affect the quality of support the school can offer. Should you have any concerns about the information being collected or shared you can contact your school directly to discuss.

In exceptional circumstances it may be deemed beneficial that your child’s school share the transition statement with external professionals (in addition to those listed above) to further support your child’s learning, growth and development. If this is the case the school must seek your written consent and may not pass on any part of the statement without explicit consent.

At any time you are able to request access to the personal information that the school holds about you, your family or your child and/ or to request that it be corrected or removed. Should you wish to access, remove or modify any information please contact the school directly in the first instance.

**Consent:**

Do you consent to your child’s Transition Statement being shared with professionals supporting your child during their time at _____________________________ (school name) school? YES/ NO

Signature of Parent/ Guardian: __________________________________________________________

Print Name: ___________________________________________________________________________ Date: ___/____/___

**School Acknowledgement:**

I acknowledge the responsibilities of the school in the use, storage and maintenance of this information appropriately.

Principal:

____________________________________________________________________________________

Print Name: ___________________________________________________________________________ Date: ___/____/___
## Autism Spectrum Disorder: Primary to Secondary School Transition Statement

**Date:**

**Student’s personal details**

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<thead>
<tr>
<th>Name</th>
<th>DOB</th>
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<th>Address</th>
<th>Postcode</th>
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**Family details:**

Parents’ names: __________________________________________________________

Siblings: ________________________________________________________________

**Primary school contacts:**

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<th>Name</th>
<th>School</th>
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**Other professionals involved:**

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<th>Name</th>
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Transition Co-ordinator
Name______________________________________________
Phone:_________________________
Email:_________________________________

Diagnostic and assessment information:
Diagnosis:____________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Diagnosed by:____________________________________________
Date of Diagnosis:_________________

Cognitive assessment:
Date of assessment:____________________________________________
Results:__________________________________________________________________
________________________________________________________________________

Communication assessment:
Date of assessment:____________________________________________
Results:__________________________________________________________________
________________________________________________________________________

Adaptive skill development:
Date of assessment:____________________________________________
Results:__________________________________________________________________
________________________________________________________________________
Other:
Date of assessment:_______________________________________________________
Results:__________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Current ASD symptoms

Social:_______________________________________________________________
________________________________________________________________________
________________________________________________________________________

Communication:________________________________________________________
________________________________________________________________________
________________________________________________________________________

Behaviour, interests and activities:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Health and associated features
Health:___________________________
________________________________________________________________________
________________________________________________________________________
Diet/ eating:______________________
________________________________________________________________________
Sleep: 

Fine and Gross Motor: 

Sensory Disturbance: 

Cognitive profile, thinking and learning 

What are the student's strengths and weaknesses? 

What are the student's particular areas of interest or talent that motivates him/her? 

Is the student easily distracted? 

How does the student cope with change? 

Does the student persist with difficult tasks? 

Can the student generalise skills and learning? (people, settings and equipment)
What does the student do when confused or anxious?

________________________________________________________________________

________________________________________________________________________

Can the student organize and sequence information?

________________________________________________________________________

________________________________________________________________________

Emotional and behavioural difficulties (anxiety, depression)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Current successful strategies

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Other

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Thoughts and comments from the student

1. What do you like about primary school?

2. How have the teachers at primary school helped you with your work?

3. How are you getting on with the other kids?

4. Is there anything worrying you about going to your new school?

5. What would help you settle at your new school?

6. What would you like your new teachers to know about you?
## Transition plan checklist

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<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Action</th>
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<tbody>
<tr>
<td>PSD Year 6/7 review if applicable</td>
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<tr>
<td>Transition coordinator identified</td>
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<td>Diagnostic and assessment reports</td>
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<td>Health and medical reports</td>
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<td>Professional Development for Teachers</td>
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<tr>
<td>School familiarization and orientation</td>
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<tr>
<td>Thoughts and comments from the student</td>
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<tr>
<td>Student snapshot developed</td>
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<tr>
<td>ASD Primary school transition statement</td>
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<td>Specialist consultation</td>
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<td>Primary school consultation</td>
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<td>Methods of parent-school communication</td>
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<tr>
<td>Plans to support student</td>
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<td>Plans to support family</td>
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<td>Plans to support teaching team</td>
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<td>Develop Individual Learning Plan</td>
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<td>Future Student Support Groups</td>
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**Brereton, A and Bull, K. (2017)**