|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Child’s name:  **Graduated Transition to School - Attendance Plan** |  | | |  | Date of birth: | | |  | | | |
| Parent/caregiver: |  | | |  | Enrolment date: | | |  | | | |
| School: |  | | |  | Does the child have an Individual Plan (IP): | | | *Learning & development?* | | Yes / No | |
|  | *High health?* | | Yes / No | |
| School contact name: |  | | |  |  | | |  | | | |
| Ministry contact name: |  | | |  |  | | |  | | | |
|  | | | |  |  |  | | | | |
| Rationale for a graduated transition to school plan: | | | |  | When will the child be attending full time at school? | | | | | | |
|  | | | |  |  | | | | | | |
|  | | | |  |  | | | | | | |
| Graduated Attendance Plan  Weeks – Days - times | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | |  | | | | | | | | | |
| Signed in agreement | | | | | | | | | | | |
| Parent/caregiver: | | |  | | | | **Date** | |  | | |
| School Principal: | | |  | | | | **Date** | |  | | |
| Director of Education: | | |  | | | | **Date** | |  | | |