|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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** |  |