



Government of South Australia

Department for Education and Child Development

Request for Support in Transition

From Speech and Language Program or Speech and Language Class

Special Education Resource Unit
72a Marlborough Street
HENLEY BEACH SA 5022
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This document is to be completed at the transition NEP prior to commencing in the new school.

Student Information

Name of student: _____

DOB: _____

Year Level: _____

Transition support is requested regarding the above named student who is exiting from a:

Speech and Language programme: _____

Speech and Language class: _____

Speech Pathologist: _____

This student will be attending a year level class.

DECD School: _____

Term Starting: _____

Speech Pathologist: _____

Parent/Caregiver Consent

I/we consent to request for transition support from the *Learning Difficulties Staff* and exchange of relevant information with the *Learning Difficulties Staff* and school.

Name of Parent/caregiver

Signature of Parent/caregiver

Date