

**Child’s Views about Secondary School Transition**

**Name:**

**School:**

**Name of helper (if appropriate):**

1. **How are you feeling about moving to secondary school? (please rate)**

0              1              2              3              4              5              6              7              8              9              10

Least worried                                                                                                                                    Most worried

1. **What are you most looking forward to?**
2. **What are you least looking forward to and can we think of ways to problem solve this together?**
3. **What help or support will you need when you move ?**