**SchoolKit Transition Clinic**

**Additional Invitation Letter**

[INSERT DATE]

Dear [INSERT NAME OF INVITEE],

**Re: Participation in School Transition Clinic**

**Date:**

**Time:**

**Venue:**

**Student name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

You have been identified by the parents/carers of the above student as someone closely involved in their care. We would like to invite you to attend their Multidisciplinary School Transition Clinic on the above date. The role of the Clinic is to ensure the move to adult services is planned and coordinated and also to provide support to the family during this period.

The clinic is an opportunity for family/carers, school staff and health professionals to come together to discuss the young person’s needs. The objective is to identify and address issues and concerns about transition to adult education and health services. Clinics usually last 1-1½ hours. People present normally include:

* + - Paediatric Medical Staff
		- Adult Medical Staff
		- School Staff
		- Allied Health Staff (e.g. Therapists/ Social Worker)
		- An Interpreter can also be arranged if required.

You may wish to prepare a list of questions and concerns which we can endeavour to address on the day.

We look forward to meeting you in the near future. Should you have any questions, please contact the student’s parent/carer, or our service.

Yours sincerely,

Dr [INSERT NAME]

Director

[NAME OF SERVICE]