**SchoolKit Transition Clinic  
Attendees List**

**Family**

|  |  |  |
| --- | --- | --- |
|  | Name / Names | Contact details |
| Child or Young Person |  |  |
| Parent / Parents /Carers |  |  |
| Other Invitees |  |  |

**School**

|  |  |  |
| --- | --- | --- |
| Professional Role | Name | Contact details |
| School Principal |  |  |
| School Counsellor |  |  |
| Class Teacher |  |  |

**Health Team**

|  |  |  |
| --- | --- | --- |
| Professional Role | Name | Contact details |
| Adult Disability or Rehabilitation Physician |  |  |
| Registrars (e.g. specialist doctors in training) |  |  |
| Nurse / Transition Care Coordinator |  |  |
| Occupational Therapist |  |  |
| Dietitian |  |  |
| Physiotherapist |  |  |
| General Practitioner |  |  |

**Disability Services**

|  |  |  |
| --- | --- | --- |
| Professional Role | Name | Contact details |
| Transition Care Coordinator (e.g. from ACI or Trapeze) |  |  |
| Case Manager |  |  |
| Behaviour Support Specialist / Psychologist |  |  |

