



My Transition Plan



Name of young person:	
Date of completion:	

Personal information

Name:	
Date of Birth:	
Address:	
Telephone number:	
School/college:	
National Insurance number:	
NHS number:	
Passport number:	
Birth certificate:	
Bank account:	
GP:	
Dentist:	
Next of kin:	
Other relevant information:	

Reference information

Parent/guardian details:	
Lead professional:	
Key education worker:	
EHC Plan Co-ordinator/SEN PA:	
Health professional:	
Social Worker:	
Advocate:	
Personal Advisor:	
Others:	
Friends:	

All about me

Things I like...

Things I don't like...

My aims, goals and ambitions...

Education / training

Your education so far:

Education plan or statement:

Is the plan or statement still correct?

Does anything need to be changed?

Action Plan:

Alternative plan (if required):

Support

What help do you have / what help do you need?

Action Plan:

Personal Budget:

Discussed? Yes / No

Actions required?

In place? Yes / No

Cost of current PB:

Do you have a Social Worker?

If yes, provide name and contact details:

If no, do you need one / would you like one?

Yes / No

Alternative plan (If required):

Health

GP:	
Dentist:	
Speech and Language:	
Other health professional(s):	
Your health needs:	
Physical health:	
Mental health:	
Action Plan:	
Current health funding:	
Joint funding <input type="checkbox"/>	Full health funding <input type="checkbox"/>
CHC checklist <input type="checkbox"/>	DST completed <input type="checkbox"/>
Considered Personal Health Budget	Yes / No
Alternative plan (if required):	

Accommodation

Where do you live now? Who do you live with?

Are you happy in your current accommodation?

Where do you think you would like to live in the future and when?

What type of accommodation would you like to live in? Are there any access considerations?

Application completed? Yes / No

Date for presentation to Housing Panel:

Action Plan:

Alternative plan (if required):

Independent living skills / development

What help do you feel you need?

What self-care skills do you have?

Do you require equipment to enable you to live independently?

Action Plan:

Travel training? Yes / No

Details / plan:

Alternative plan (if required):

Finance

Welfare / benefits check completed? Yes / No

Action plan:

Individual bank account opened? Yes / No

Date to be opened:

What would you like to spend your money on?

Do you need help to manage your money?

Action Plan:

Alternative plan (if required):

Employment / work-based experience

What kind of job would you like?

What help do you feel you would need to achieve your goal?

Action Plan:

Alternative plan (if required):

Leisure activities / hobbies

What do you really enjoy?

What help do you need to be able to be really involved?

Action Plan:

Alternative plan (if required):

Summary of transition plan

Summary of each area:	Action required (with responsibility and timescale):
Education / training:	
Support:	
Health:	
Accommodation:	
Independent living skills / development:	
Equipment:	
Finance:	
Employment / work-based experience:	
Leisure activities / hobbies:	
Mental Capacity Assessment required? Yes / No <i>Mental Capacity is whether or not it is felt that you are able to make decisions for yourself in important areas of your life.</i>	
If yes, in which areas?	
Date:	Next review:

Agreement

Young person's views:

Signed:

Parent's/Carer's views:

Signed:

All professionals involved in this Plan agree to undertake identified tasks, to achieve the best possible outcome. All participants of this Plan will maintain close contact to monitor progress.

Name:

Signed:

Name:

Signed:

Name:

Signed:

Name:

Signed:

Name:

Signed:

Review date: