**Part B**

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|  **Moving into Adulthood Plan for DoB** **Date completed Date Reviewed** |
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| **This is a working document to be reviewed, amended and added to throughout the year and at each Annual Review** **• It is essential to capture the views of the child/young person in this section and that their voice is heard****• The 16+ Transition Guide must be used when completing this plan** |
| **Education Setting** | **Previous** | **Current** |
|  |  |
| **Who has helped to complete the plan?** | **Name/s**  | **Role (Parent, carer, Teacher etc)** |
|  |  |

My life goals are…

Child/young person photo,

if agreed with them and parents/carers

I communicate by…

|  |
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|  **My long-term goals are** **Have your long-term goals changed?** |
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|  | Age 13/14 | Age14-16 | Age16-18 | Post 19 |
| Education and Training | Subject option choiceCareers education and guidance | What qualifications do I need? GCSE, Entry level etcStudy programme/vocational optionsWork experience or employer contactTransition to new setting | Further work on academic and vocational qualificationsSkills for Work, Training and Volunteering | Further learning as appropriateCompleting outcomes in EHC Plan |
| I will…Who:When:Achieved: Yes/No | I will…Who:When:Achieved: Yes/No | I will…Who:When:Achieved: Yes/No | I will…Who:When:Achieved: Yes/No |
| Skills for life and living | Daily living skills e.g. making food, personal care, managing moneyBeing part of my community | Actively planning for my future, financial and living arrangements | Continuing to develop skills for life and living  |
| I will…Who:When:Achieved: Yes/No | I will…Who:When:Achieved: Yes/No | I will…Who:When:Achieved: Yes/No |
| Health | Where and how to get help for my health and emotional wellbeingAnnual Health check with GP, if registered Learning DisabilitySex, drug and alcohol education | Knowing when and how to make dental and optician appointmentsMoving into adult health services  | Manage health appointments and treatments |
| I will…Who:When:Achieved: Yes/No | I will…Who:When:Achieved: Yes/No | I will…Who:When:Achieved: Yes/No |