

PLAN (Attached to the formal EHC Review in November) Your Transition Team aim to support you as you grow up and help you gradually develop the confidence and skills to make choices in your life. Filling in this form will help your team create a programme to suit you.

Name:

Date:

Life Skills	I would like help/advice with this YES / NO	What Areas?	Actioned By & Date
Transport e.g. Travel Train & Road Safety		<i>e.g. getting around on transport</i>	
Money Management			
Preparing snacks, drink & meals			
Independent Living			
Courses			
Preparing for Adult Life	I would like help/advice with this YES / NO	What Areas?	Actioned By & Date
Transition Event		<i>e.g. What is it & who will be there?</i>	
World of Work visits			
Internship/Apprenticeship/Employment			
College / University			
Volunteering			
Communication Skills			
Filling in Forms			
Healthy Lifestyle	I would like help/advice with this YES / NO	What Areas?	Actioned By & Date
Diet		<i>e.g. what is a balanced diet?</i>	
Physical Activity			
Friendships/Relationships			
Safety with Social Media			
Knowing my GP & Health Checks			
I understand the meaning of Transition		<i>e.g. what happens next?</i>	
Any other comments	I would like help/advice with....	What Area?	Actioned By & date

PREPARE (Informal EHC review in January) Your Transition Team aim to support you as you grow up and help you gradually develop the confidence and skills to make choices in your life. Filling in this form will help your team create a programme to suit you.

Name:

Date:

Life Skills	What is going well?	I need further support with....	Actioned By & Date
Transport e.g. Travel Train & Road Safety		<i>e.g. getting around on transport</i>	
Money Management			
Preparing snacks, drink & meals			
Independent Living			
Courses			
Preparing for Adult Life	What is going well?	I need further support with....	Actioned By & Date
Transition Event		<i>e.g. What is it & who will be there?</i>	
World of Work			
Internship/Apprenticeship/Employment			
College / University			
Volunteering			
Communication Skills			
Filling in Forms			
Healthy Lifestyle	What is going well?	I need further support with....	Actioned By & Date
Diet		<i>e.g. what is a balanced diet?</i>	
Physical Activity			
Friendships/Relationships			
Safety with Social Media			
Knowing my GP & Health Checks			
I understand the meaning of Transition		<i>e.g. what happens next?</i>	
Any other comments	I would like help/advice with....	What Area?	Actioned By & date

PROGRESS (informal EHC review in April) Your Transition Team aim to support you as you grow up and help you gradually develop the confidence and skills to make choices in your life. Filling in this form will help your team create a programme to suit you.

Name:

Date:

Life Skills	I feel prepared for when I leave college YES / NO	Any other comments	Actioned By & Date
Transport e.g. Travel Train & Road Safety			
Money Management			
Preparing snacks, drink & meals			
Independent Living			
Courses			
Preparing for Adult Life	I feel prepared for when I leave college YES / NO	Any other comments	Actioned By & Date
Transition Event			
World of Work			
Internship/Apprenticeship/Employment			
College / University			
Volunteering			
Communication Skills			
Filling in Forms			
Healthy Lifestyle	I feel prepared for when I leave college YES/NO	Any other comments	Actioned By & Date
Diet			
Physical Activity			
Friendships/Relationships			
Safety & Social Media			
Knowing my GP & Health Checks			
I understand the meaning of Transition			
Any other comments	I would like help/advice with....	What Area?	Actioned By & date

