**Part B**

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| --- | --- | --- |
| **Moving into Adulthood Plan for DoB**  **Date completed Date Reviewed** | | |
|  | | |
| **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…

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **My long-term goals are**  **Have your long-term goals changed?** | | | | |
|  | | | | |
|  | Age 13/14 | Age14-16 | Age16-18 | Post 19 |
| Education  and Training | Subject option choice  Careers education and guidance | What qualifications do I need?  GCSE, Entry level etc  Study programme/vocational options  Work experience or employer contact  Transition to new setting | Further work on academic and  vocational qualifications  Skills for Work, Training and Volunteering | Further learning as appropriate  Completing 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 money  Being 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 wellbeing  Annual Health check with GP, if registered Learning Disability  Sex, drug and alcohol education | | Knowing when and how to make dental and optician appointments  Moving 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 |