**TRANSITION PLAN**

|  |  |
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| **Name:** |  |
| **School:** |  |
| **D.O.B.** |  |
| **National Curriculum Year** |  |

**Transition Plan started on:**

**Information sharing to support transition planning**

In order to support effective transition planning for the above named pupil, we need parental consent to share the pupil’s details with other teams and agencies. This means that we can make sure that the correct teams are part of the transition plan where the pupil may require services from the Local Authority, or other agencies when leaving school.

Please confirm your consent to:

Include child/young person’s name and basic details on Plymouth’s transition tracking list.

Seek confirmation as to whether the child/young person is considered disabled and therefore may require services from the Local Authority when leaving school in accordance with Section 5 of the Disabled Person’s Act 1986.

Signed:

Parent’s name:

Date:

Version 1.1 January 20XX Protect

Please list all those who are, or will be involved in the transition planning process:

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| **Year** | | **How these people were involved in my plan (please** **as appropriate)** | | | | |
| **Name** | **Role** | Invited to meeting | Written/ verbal  contribution  (w) (v) | Attended meeting | Apologies received | To be involved in follow up |
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My favourite things: My strengths and talents: An ideal day (in or out

of school):

Words that best describe me:

Ways I like to be helped:

What would you like to do when you leave school?:

My worst day possible:

My fears and worries / Things I don’t like:

Dreams and aspirations for the future:

**People in my life**

# My family Friends

People who work to support me

People I know

|  |
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| **1. MY FAMILY AND PEOPLE AROUND ME** |
| Issues we need to think about?  (anticipated housing / accommodation needs post 18 may need to be identified early) |
| What we decided should be done? |
| Who is taking the action? |
| When will the action be completed? |

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| **2. MY HEALTH** |
| Issues we need to think about?  (including any equipment and adaptation needs) |
| What we decided should be done? |
| Who is taking the action? |
| When will the action be completed? |

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| **3. SOCIAL DEVELOPMENT** |
| Issues we need to think about? |
| What we decided should be done? |
| Who is taking the action? |
| When will the action be completed? |

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| **4. EDUCATION, TRAINING AND EMPLOYMENT** |
| Issues we need to think about? |
| What we decided should be done? |
| Who is taking the action? |
| When will the action be completed? |

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| **YEAR 9 SUMMARY ACTION PLAN** | | | |
| **1. My family and people around me** | | | |
| **Issues** | | | |
| **Actions** | | **Who** | **When** |
|  | |  |  |
| **All actions completed (****)** |  | **Date completed** |  |
| **2. My Health** | | | |
| **Issues** | | | |
| **Actions** | | **Who** | **When** |
|  | |  |  |
| **All actions completed (****)** |  | **Date completed** |  |
| **3. Social Development** | | | |
| **Issues** | | | |
| **Actions** | | **Who** | **When** |
|  | |  |  |
| **All actions completed (****)** |  | **Date completed** |  |
| **4. Education, training and employment** | | | |
| **Issues** | | | |
| **Actions** | | **Who** | **When** |
|  | |  |  |
| **All actions completed (****)** |  | **Date completed** |  |

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| **YEAR 10 SUMMARY ACTION PLAN** | | | |
| **1. My family and people around me** | | | |
| **Issues** | | | |
| **Actions** | | **Who** | **When** |
|  | |  |  |
| **All actions completed (****)** |  | **Date completed** |  |
| **2. My Health** | | | |
| **Issues** | | | |
| **Actions** | | **Who** | **When** |
|  | |  |  |
| **All actions completed (****)** |  | **Date completed** |  |
| **3. Social Development** | | | |
| **Issues** | | | |
| **Actions** | | **Who** | **When** |
|  | |  |  |
| **All actions completed (****)** |  | **Date completed** |  |
| **4. Education, training and employment** | | | |
| **Issues** | | | |
| **Actions** | | **Who** | **When** |
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| **All actions completed (****)** |  | **Date completed** |  |

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| **YEAR 11 SUMMARY ACTION PLAN** | | | |
| **1. My family and people around me** | | | |
| **Issues** | | | |
| **Actions** | | **Who** | **When** |
|  | |  |  |
| **All actions completed (****)** |  | **Date completed** |  |
| **2. My Health** | | | |
| **Issues** | | | |
| **Actions** | | **Who** | **When** |
|  | |  |  |
| **All actions completed (****)** |  | **Date completed** |  |
| **3. Social Development** | | | |
| **Issues** | | | |
| **Actions** | | **Who** | **When** |
|  | |  |  |
| **All actions completed (****)** |  | **Date completed** |  |
| **4. Education, training and employment** | | | |
| **Issues** | | | |
| **Actions** | | **Who** | **When** |
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| **All actions completed (****)** |  | **Date completed** |  |

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| **YEAR 12 SUMMARY ACTION PLAN** | | | |
| **1. My family and people around me** | | | |
| **Issues** | | | |
| **Actions** | | **Who** | **When** |
|  | |  |  |
| **All actions completed (****)** |  | **Date completed** |  |
| **2. My Health** | | | |
| **Issues** | | | |
| **Actions** | | **Who** | **When** |
|  | |  |  |
| **All actions completed (****)** |  | **Date completed** |  |
| **3. Social Development** | | | |
| **Issues** | | | |
| **Actions** | | **Who** | **When** |
|  | |  |  |
| **All actions completed (****)** |  | **Date completed** |  |
| **4. Education, training and employment** | | | |
| **Issues** | | | |
| **Actions** | | **Who** | **When** |
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| **All actions completed (****)** |  | **Date completed** |  |

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| **YEAR 13 SUMMARY ACTION PLAN** | | | |
| **1. My family and people around me** | | | |
| **Issues** | | | |
| **Actions** | | **Actions** | **Actions** |
|  | |  |  |
| **All actions completed (****)** |  | **All actions completed (****)** |  |
| **2. My Health** | | | |
| **Issues** | | | |
| **Actions** | | **Actions** | **Actions** |
|  | |  |  |
| **All actions completed (****)** |  | **All actions completed (****)** |  |
| **3. Social Development** | | | |
| **Issues** | | | |
| **Actions** | | **Actions** | **Actions** |
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| **All actions completed (****)** |  | **All actions completed (****)** |  |
| **4. Education, training and employment** | | | |
| **Issues** | | | |
| **Actions** | | **Actions** | **Actions** |
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| **All actions completed (****)** |  | **All actions completed (****)** |  |

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| **YEAR 14 SUMMARY ACTION PLAN** | | | |
| **1. My family and people around me** | | | |
| **Issues** | | | |
| **Actions** | | **Actions** | **Actions** |
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| **All actions completed (****)** |  | **All actions completed (****)** |  |
| **2. My Health** | | | |
| **Issues** | | | |
| **Actions** | | **Actions** | **Actions** |
|  | |  |  |
| **All actions completed (****)** |  | **All actions completed (****)** |  |
| **3. Social Development** | | | |
| **Issues** | | | |
| **Actions** | | **Actions** | **Actions** |
|  | |  |  |
| **All actions completed (****)** |  | **All actions completed (****)** |  |
| **4. Education, training and employment** | | | |
| **Issues** | | | |
| **Actions** | | **Actions** | **Actions** |
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| **All actions completed (****)** |  | **All actions completed (****)** |  |

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| **FINAL TRANSITION REVIEW** | | | | | |
| **Transition to future providers** | | | | | |
| **Is Section 139a underway?** | Yes / No | | | | |
| **Date started:** |  | | **Career SW PA:** |  | |
| **Name of provider:** |  | | | | |
| **Other agencies involved:** |  | | | | |
| **Ongoing issues:** | | | | | |
| **Actions** | | **Who** | | | **When** |
|  | |  | | |  |