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| --- |
| **Developing My Skills and Aspirations**  |
|  |
| skills.png | dreams.jpg |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name**  |  | **Date of Birth**  |  |
| **Address**  |  | **Contact details**  |  |
| **If you or a family member are completing this yourself and you would like some support with developing your skills and independence, Please email this to:****YPTransition@srft.nhs.uk****Or post this to** **Transition Support Team; Salford Civic Centre Chorley Road, Swinton**  |
| ***For Official use only*** |
| ***P: number***  |  | ***EMS***  |  | ***NHS******Number*** |  |
| ***Has this young person got an Education Health and Care Plan***  | ***Yes*** | ***No*** | ***Unsure***  |

**Family**

**Friends**

**Who is in My Life Now?**

**Other people**

**Professionals **

Green = Most important see often

Red : don’t see often/ not very important

**Dreams and aspirations: What do you want to achieve in the Future?**

|  |  |
| --- | --- |
| **Education/ Work****education.jpg** |  |
| **Social/friends and relationship** **social.jpg** |  |
| **Things I want to do****sport.jpg** |  |
| **Places I want to go****salford.png** |  |
| **Home life****HOME 2.jpg** |  |
| **Health****staying healthy.png** |  |

**Skill Building: What can you do for yourself and what skills do you want to gain?**

Please use the checklist to independence to help you assess your skills

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Can already do**  |  | **I want to learn**  |
| **Education/ Work****education.jpg** |  |  |  |
| **Social/friends and relationship** **social.jpg** |  |  |  |
| **Things I want to do****sport.jpg** |  |  |  |
| **Places I want to go****salford.png** |  |  |  |
| **Home life****HOME 2.jpg** |  |  |  |
| **Health****staying healthy.png** |  |  |  |  |
| **General skills** **skills.png** |  |  |  |  |

**Whats working / Not Working in My Life Now**

|  |  |
| --- | --- |
| **What’s Working** (what makes sense/ what am I happy about/ what do I want to change ) | **What’s Not Working**(what doesn’t Make Sense/ what do I want to change |
| Education |
|  |  |
| Social |
|  |  |
| At Home |
|  |  |
| Other |
|  |  |

**Questions to Answer/ Issues to Resolve**

|  |
| --- |
| community.png**MY PREPARING FOR ADULTHOOD TRANSITION PLAN** |
|  | **Date of first plan**  |  | **Plan number**  |  |
| **My Goals** **What we are trying to achieve**  | **Action** **What needs to Happen to help me achieve my goals**  | **Who** **Who needs to it**  | **By when**  | **Comments****How we doing**  |
|  |  |  |  |  |  |
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For Official Use only

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| --- | --- | --- | --- |
| Name of Engagement Lead  |  | Organisation  |  |
| Contact details  |  |  |  |
| How was this form completed? (Eg as part of EHCP review/ preparing for Adulthood review/ 1:1)  |
| Do they currently have a multi agency team/ meeting  |
|  |
| Please summarise why you have referred the young person to the Multi Agency Referral and Allocation team: |
| If this a Transition referral, please complete Transition to Adult hood (TFP1) and attach this form to it  |