

|  |  |
| --- | --- |
| **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**](mailto: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 | | | |