**Preparing for Adulthood (PFA) Transition Document**

This form has been designed to be completed with the young person at every annual review from Year 9 onwards and consideration must be given to the preparing for adulthood themes. This form supports the Local Authority in developing, designing and supporting appropriate future post 16 provision and ensures that the information required is collected and considered, as stated in the SEN Code of Practice.

**About you:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Date of birth |  |
| School |  | Year group |  |

**About the support that you receive in school:**

|  |  |
| --- | --- |
| Do you have a named key worker? |  |
| Which lessons do you have support in? |  |
| Do you have support at break/lunch times?  If so, please describe the support you have. |  |
| Are you happy with the support that you receive to help you in school?  If no, what would make this better? |  |

**Education, employment or training:**

|  |  |
| --- | --- |
| Have you had a careers interview, if yes please attach? If no, please state when this is scheduled. |  |
| What job/career goals do you have? |  |
| What are your plans after the end of Year 11 e.g. to go to college? |  |
| If planning to go to college or training, what courses are you interested in? |  |
| What Colleges or training providers are you interested in applying to? | **1.**  **2.**  **3.** |
| What qualifications will you need to achieve to access your first choice? |  |
| What support do you think you will need to attend college/training course? |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| What are you studying in KS4? | Subjects  Level  /Award | ***E.g.***  ***Maths*** |  |  |  |  |  |  |  |  |
| Predicted Grade | ***L1***  ***WT Pass*** |  |  |  |  |  |  |  |  |
| On target  Yes/No | ***Yes*** |  |  |  |  |  |  |  |  |

**Being included within the community:**

|  |  |
| --- | --- |
| Do you have interests or activities outside school?  If yes, please tell us what these are. |  |
| Do you need support to access activities within the community?  If yes, please explain? |  |

**Living Independently:**

|  |  |
| --- | --- |
| Will you need support to live independently as an adult?  If yes, please identify the type of support that you may need. | Yes / No |
| Travel Training (learning how to use public transport independently) | Yes / No |
| Learning how to manage your money | Yes / No |
| If you have answered yes to any of the above, use this space to identify any other help you may need: | |

**Maintaining good health:**

|  |
| --- |
| Please use this space to tell us about any ongoing health needs that you may have e.g. on epilepsy medication, any serious allergies and any care needs: |

**What do you think will be the main challenges that you will face during your preparation for adulthood?**

|  |
| --- |
|  |

**Signed (Young Person) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of school staff supporting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

This document must be returned to the Redcar and Cleveland SEN Team with the annual review documentation for all children and young people in Year 9 and above.