

Barking and Dagenham Transition Plan



Transition Plan

Name: _____ Date of Birth: _____ Year Group: _____

Address: _____ Tel No: _____

_____ School: _____

_____ Date of Review: _____

This is _____ Transition Plan drawn up by _____, his/her family, school and other people involved with his/her education and planning.

This plan is to help _____ think about what he/she has already achieved and think about and prepare for what he/she wishes to achieve in the future.

What we like and admire about	Young person's long term wishes/dreams Parents Aspirations for their son/daughter
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Key issues/targets we need to think about.	What we decided should be done.	When it should be done by.	Who is taking the action?	Review: What happened and when? If not, why not?
Educational Skills				

Key issues/targets we need to think about.	What we decided should be done.	When it should be done by.	Who is taking the action?	Review: What happened and when? If not, why not?
Health/Therapy				

Key issues/targets we need to think about.	What we decided should be done.	When it should be done by.	Who is taking the action?	Review: What happened and when? If not, why not?
Personal/Social/Family				

Key issues/targets we need to think about.	What we decided should be done.	When it should be done by.	Who is taking the action?	Review: What happened and when? If not, why not?
Career/Future				

Signature of:

Young Person

Date:

Chair of Meeting

Date:

Parent/Carer

Date:

Careers Adviser

Date:

This transition plan belongs to _____ and should only be made available to others with consent.

Copies of this form will be sent to the following:

Young Person

Parents/Carers

EHC Officer

Health Professional

Social Worker

Careers

Transitions Co-ordinator College

Other

Other

Other