**Appendix E**

Staying Put Review – To be completed at Pathway Plan Review

Young Person:

LCCW:

Date:

ETE:

|  |
| --- |
| What is going/went well? |
| Please detail any issues or problems. |
| How does the Young Person feel Staying Put has helped them in respect of education, training or employment? |
| Independence skills – progress made and any areas identified for additional support |
| Any further comments: |

Signed……………………………………….

Staying Put Review

Provider:

Young person:

Date:

|  |
| --- |
| What is going well within the “Staying Put” arrangement |
| Can you identify areas where the YP is developing independence skills |
| Are there any specific issues or problems within the “Staying Put” arrangement? |
| Are there any issues regarding finances? Is the young person making the agreed contributions? Is the provider receiving their entitlements from NYCC? Is the provider worse off financially by offering “Staying Put” to the young person – if so please detail |

*Please return to*: Val Mills

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