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

**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:**

|  |  |
| --- | --- |
| What job/career goals do you have? |  |
| At the end of Year 11 are you planning to stay on at school, go to college, start a training course, enter paid employment? |  |
| If planning to go to college what courses are you interested in? |  |
| What Colleges are you interested in applying for? | **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 outside school? If yes, please tell us what these are.  |  |
| Are you involved in regular clubs and activities?If yes, please tell us what these are. |  |
| Do you need support to access clubs and activities within the community? If yes, what sort of support do you need?  |  |

**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 |
| Please use this space below 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:  |

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

|  |
| --- |
|  |

Have you received advice and guidance about career options? (Yes/No)

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

**Did anyone help you complete this form? If yes, please tell us who: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

This document must be returned to the Shropshire SEN Team with the annual review documentation for all children and young people in Years 9, 10 and 11.