Adult Transition Referral Form

**Young Person’s Details**

Name: Click or tap here to enter text.

Young Person ID: Click or tap here to enter text.

Date of Birth: Click or tap here to enter text.

Address: Click or tap here to enter text.

Religion: Click or tap here to enter text.

Ethnicity: Click or tap here to enter text.

Care Experienced Legal Status: Click or tap here to enter text.

Non-Care Experienced Legal Status: Click or tap here to enter text.

**Emergency Contact/ Keyholder**

Name: Click or tap here to enter text.

Telephone Number: Click or tap here to enter text.

Email address: Click or tap here to enter text.

Keyholder: Click or tap here to enter text.

**School/Other destination**

Intended Destination l Click or tap here to enter text.

Name of Current School/Other destination Click or tap here to enter text.

Proposed Leaving Date Click or tap here to enter text.

Long Term Goals Click or tap here to enter text.

Is there a Transition plan? Choose an item.

**Professional Support Network or Named person**

Name: Click or tap here to enter text.

Organisation: Click or tap here to enter text.

Email of person : Click or tap here to enter text.

If the young person is Care Experienced, what type of placement are they in? Click or tap here to enter text.

Anticipated leaving date: Click or tap here to enter text.

Future planning already undertaken? Click or tap here to enter text.

**Views**

What are the young person’s views on future planning and transition? Goals/ Outcomes Click or tap here to enter text.

What are the parent's/carer's views about future planning and young person’s transition into adult services? ( any specific hopes or concerns re: this?) Click or tap here to enter text.

**Specific Needs**

What level is the young person working at? Choose an item.

If working above national 3, please state the level that is being worked at. Click or tap here to enter text.

What is the predominant need of the young person? Choose an item.

What are the needs of the young person? Click or tap here to enter text.

What is the young person’s diagnosis? Click or tap here to enter text.

Care Experienced: How will this affect their transition from school? Click or tap here to enter text.

Young Carer: How will this affect their transition from school? Click or tap here to enter text.

**Specific Support Needs**

Will the young person require support to live independently in the future? Choose an item.

Please add what is known regarding the health and development needs (if known) in the following areas.

Health and Development Needs: Click or tap here to enter text.

Details of Health and Development Needs: Click or tap here to enter text.

What skills does the young person have/ is working on in relation to transition to adulthood and beyond? Click or tap here to enter text.

What additional support arrangements are in place? (e.g. independent living skills, support employment opportunities, independent travel). Click or tap here to enter text.

Are there any study support/ equipment or alternative assessment arrangements required? Click or tap here to enter text.

Method of communication? Click or tap here to enter text.

Physical support/ specialist equipment? Click or tap here to enter text.

**Post School Questions**

Consent for parent/carers involvement once young person is an adult Click or tap here to enter text.

Guardianship Click or tap here to enter text.

Consent to share information with other agencies/ employers Click or tap here to enter text.

**Next Meeting/ Actions**

Date of review/ child plan Click or tap here to enter text.

Date of next LAAC review Click or tap here to enter text.