

# Preparing for Adulthood



## Person Details

### About Me

Name	<input type="text"/>
Person ID	<input type="text"/>
Date of birth	<input type="text"/>
Gender	<input type="text"/>
Religion	<input type="text"/>
Non CLA Legal Status	<input type="text"/>
Address	<input type="text"/>
Telephone contact details	<input type="text"/>

My Disability And What This Means For Me	<input type="text"/>
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How Do I Communicate And What Support Do I Need?	<input type="text"/>
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### My Story:

My Everyday Life	<input type="text"/>
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What Support My Parents Give Me And What Support They May Need To Help Me Prepare For Adulthood	<input type="text"/>
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Other Things That Are Important To Think About	<input type="text"/>
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## Plan at 14

Date Of Plan at 14:

### Education/Work/Training:

Education/Work/Training:

What I Can Do Now

What I Want For The Future

What Jobs I Would Like To Do

What Would Help In My Work Place

What Would Not Be Good At My Work Place

What Hours Or Days Would I Like To Work

My Key Skills

My Personal Care Needs At Work

My Travel Arrangements For Work

### Independent Living

What I Can Do Now

What I Want For The Future

What Financial Support Do I Have Now

My Transport Schemes

### Good Health:

How I Am Now

What I Want For The Future

### Friends And My Community:

What My Friendships And Relationships Are Like Now

What I Want For The Future

### Worker Completion Section

#### Manager Sign Off

Managers Comments

## Plan at 15

Date Of Plan at 15

**Education/Work/Training:**

Education/Work/ Training:

What I Can Do Now

What I Want For The Future

What Jobs I Would Like To Do

What Would Help In My Work Place

What Would Not Be Good At My Work Place

What Hours Or Days Would I Like To Work

My Key Skills

My Personal Care Needs At Work

My Travel Arrangements For Work

**Independent Living**

What I Can Do Now

What I Want For The Future

What Financial Support Do I Have Now

My Transport Schemes

**Good Health:**

How I Am Now

What I Want For The Future

**Friends And My Community:**

What My Friendships And Relationships Are Like Now

What I Want For The Future

**Worker Completion Section**

**Manager Sign Off**

Managers Comments

**Plan at 16**

Date Of Plan at 16

**Education/Work/Training:**

Education/Work/ Training:

What I Can Do Now

What I Want For The Future

What Jobs I Would Like To Do

What Would Help In My Work Place

What Would Not Be Good At My Work Place

What Hours Or Days Would I Like To Work

My Key Skills

My Personal Care Needs At Work

My Travel Arrangements For Work

**Independent Living**

What I Can Do Now

What I Want For The Future

What Financial Support Do I Have Now

My Transport Schemes

**Good Health:**

How I Am Now

What I Want For The Future

**Friends And My Community:**

What My Friendships And Relationships Are Like Now

What I Want For The Future

**Worker Completion Section**

**Manager Sign Off**

Managers Comments

## Plan at 17

Date Of Plan at 17:

### Education/Work/Training:

Education/Work/Training:

What I Can Do Now

What I Want For The Future

What Jobs I Would Like To Do

What Would Help In My Work Place

What Would Not Be Good At My Work Place

What Hours Or Days Would I Like To Work

My Key Skills

My Personal Care Needs At Work

My Travel Arrangements For Work

### Independent Living

What I Can Do Now

What I Want For The Future

What Financial Support Do I Have Now

My Transport Schemes

### Good Health:

How I Am Now

What I Want For The Future

### Friends And My Community:

What My Friendships And Relationships Are Like Now

What I Want For The Future

### Care Act

**Has A Care Act Assessment Taken Place**  
 Yes  No

**Planned Adult Service Team:**

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**Select Team(s)**

- Adult Social Care Locality Team
- Leaving Care Team
- Adults Learning Disability Team 18-25
- Clinical LD Team

**Post 25 Plan**

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**Will A Post 25 Plan Be Needed For The Young Person**

- Yes  No

**Worker Completion Section**

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**Manager Sign Off**

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Managers Comments

## My Preparation For Adulthood Plan

### My Preparation For Adulthood Plan

Date Of Plan	Age Of Plan	Theme	What Needs To Happen	How I Can Achieve This	Who Will Help	By When	Was This Achieved?



**Worker Checklist**

**Worker Checklist**

**Does The Young Person Get Continuing Health Care**

- Yes  No

**Will They Need Continuing Health Care As An Adult**

- Yes  No  TBC

Details Of Any  
Healthcare  
Applications/  
Outcomes:

Future Finance  
Options

Transport

**Is A Mental Health Capacity Assessment Required**

- Yes  No

**Are They An Eligible/Relevant Child Under The Leaving Care Act 2000?**

- Yes  No

**Is A Best Interests Assessment Required**

- Yes  No

**Is A Deputyship Application Required**

- Yes  No

**Is A DoLS Or LPS Required**

- Yes  No

**Data Sharing**

**Has an Information Sharing Declaration Form Been Completed?**

- Yes  No

Date Signed

**TOG Meeting**

**Tog Meeting**

Date of TOG Meeting	Age Of Preparation Plan	Preparation For Adulthood Created in Mosaic	Reason Why Preparation for Adulthood Not Created?	Requires Escalation	Reason for Escalation	Was Google Form/ Feedback provided by Lead Professional?	Reason Feedback Was Not Provided?	Decisions From TOG Meeting

**Lead Professional**

Date Assigned	Assigned To	Lead Organisation	Lead Email	Lead Telephone Number	Date No Longer Involved	Outcome

**Actions From TOG Meeting**

Action	Date	Workers Name	Action Notes	Action Outcome	Date Action Completed

**Attendees**

Date Of Meeting	Attendees Name	Role	Contact Details	Attended	Report Provided?