# PREPARING FOR YOUR TRANSFER REVIEW FROM A STATEMENT TO AN EDUCATION, HEALTH AND CARE PLAN

Place your photograph here

My Name is \_\_\_\_\_

### **Contents**



In this booklet you can record useful information that will help us and you prepare for your review.

You may want to ask a parent, family member, teacher or friend to help you fill in the information. At the bottom of each page you can write the name of the people who helped you fill it in. You can write, draw or include photographs for your answers and if you need to you can add extra pages.

There is also section (page 12) for the views of your parents/carers.

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Please put the names or pictures of important people in the relevant spaces provided, continued on page 3.

Family	
Friends	
	e fill in this page.



Needs & Disability

# Important people in my life

Please put the names or pictures of important people in the relevant spaces provided, continued from page 2.

' '	, 1 3	
	School Staff and Paid Support	
	Others	
	helped me fil	I in this page.

# Special Educational Needs & Disability

# What people like and admire about me

	out you in the b	ox bolow.

## What I like to do



In this section you may wish to write, make or list or drawings to show what you like to do in the box below: Αt home With friends At school

helped me fill in this page.

# Special Educational Needs & Disability

# Things that I like and dislike

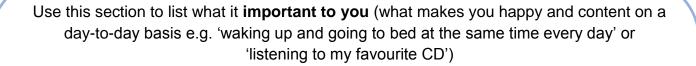
Below are some boxes for you to fill in to show your likes and dislikes – you could write, draw a picture or add a photo. Some ideas include food/drink, music, TV programmes, hobbies etc.

Things that I like	
Things that I dislike	

# Important to/ Important for



### Important to me



### Important for me

Use this section to list what is **important for you** (what you need to do to be healthy and safe e.g. 'taking daily medication' or 'help crossing the busy road to and from school'

\_\_\_\_\_ helped me fill in this page.



# Looking to the future

This may relate to the immediate future or a few years on and may include anything from simply being happy, meeting new people to getting a job or being more independent. You do not have to fill in every box.

in every box.
Education, Training and Employment
Health
Friends, Relationships & Community
Independence and Housing

\_ helped me fill in this page.

# **How I communicate**



You may not have any communication issues, if this is the case please leave this section blank.

What I do w	hen I'm	
Нарру		
Sad,		
upset		
or		
in pain		
		,
Angry		
or		
frustrated		
	helped me fi	ll in this page.

# Special Educational Needs & Disability

# What is the best way to support me?



# What issues need resolving?

	or specific iss	,		
estions	that I want	t to ask		
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estions	that I want	t to ask		
estions	that I want	t to ask		

# Views of \_\_\_\_\_\_'s Parents/Carers



	d vou like v	our child to	achieve in	the next year	?
Vhat would	a you like y				
What would	a you like y				
What would	a you like y				
What would	a you like y				
Vhat would	a you like y				
Vhat would	a you like y				

**Bath & North East Somerset Council** 



Bath and North East Somerset Clinical Commissioning Group