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| leicester CC logo**Record of the**  **Transfer Review** | | | |
| Young person’s name: | | | |
| Date of transfer review | | | |
| Current college/education provider: | | | |
| Date of Birth |  | | |
| Name(s) of Parents/Guardians | | | |
| Recommendations from the transfer review meeting (please tick one only): | | | |
| 1. The needs and provision described in the LDA continue to be appropriate  and can be converted to a Plan along with additional information about the  young person/young person’s views, outcomes and a personal budget. | | | |
| 2. The college/education provider remains appropriate but amendments are  recommended as part of the conversion of the LDA to a Plan | | | |
| 3. Is any change of college/education provider anticipated:  a) Because the young person is approaching transfer to a new setting  b) Because the young person’s needs have changed | | | |
| 4. It is recommended that the LA should undertake an assessment of education,  health and care needs | | | |
| 5. It is recommended that the young person no longer requires support  through an LAD | | | |
| Signature of person chairing the meeting \_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­  Please return to Special Education Service, Education and Young ersonren’s Services, Leicester City Council, York Road, Leicester, LE1 5TS and copy to all invited to the review meeting. | | | |
| **1. Who took part in the transfer review** | |  |  |
| **Name and designation** | | Attended Review Meeting  (YES/NO) | Written Report Submitted (YES/NO) |
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| **Others invited and apologies received, if any** |
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| **Like and admires about** |
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A transfer review is a once off meeting where a LDA is converted into an Education, Health and Care (EHC) plan. This is done as part of a meeting where the young person’s progress is reviewed and plans are discussed and agreed for their support and for their future. The new EHC plan is based on updated information about the young person’s education, health and care needs and provision as well as information about their views, interests and aspirations and those of their parents/carers for them. It should also contain outcomes for the young person and the appropriate information about personal budgets and educational placement.

**2. Review of progress and co-writing the Plan**

**2a The young person’s views, interests and aspirations and those**

**of their parents/carers.**

**2b The young person’s current special educational needs.**

**2c The young person’s health needs**

**2d The young person’s social care needs**

**2e The outcomes that are important for the young person**

**2f Special educational provision required by the young person**

**2g Health provision required by the young person**

**2h Social care provision required by the young person**

**2i The young person’s setting/college/college**

**2j Personal budget**

**2k Questions to answer / issues to resolve**

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| **NAME:**  name  **Year Group:**    **D.O.B:**    **COLLEGE:** | **LONG TERM OUTCOMES**  **EHC IMPLEMENTATION PLAN - Preparing for Adulthood Phase (14+)**  direction | **Targets – NEXT 12 MONTHS** | **WHAT SUPPORT I WILL NEED?**  support | | **WHO WILL HELP ME?**  ideal%20person%20-%20trust1%20132 | **MONEY £**  money | | **CHECKING**  **self dertermination** | **IMPORTANT MESSAGES ABOUT MY FUTURE** |
| The things that are important to me / the things I want to achieve for my future | The things I want to achieve before my next review | Who will help me?  This could be help in college, from others, equipment or other things | | How?  The name of the person / people and their role | Any funding that I am entitled to, to support me with my goals | | Who will check the actions agreed in my plan | We will tell people who provide future support and opportunities what I will need |
| **EDUCATION LEARNING AND WORK** |  |  |  | |  |  | |  |  |
| community life  **FRIENDS, RELATIONSHIPS & COMMUNITY OPPORTUNITIES** |  |  |  | |  |  | |  |  |
| **home**  **INDEPENDENCE AND HOUSING**  **PLANNING FOR GOOD HEALTH** |  |  |  | |  |  | |  |  |
|  |  |  |  | |  |  | |  |  |
| ANY OTHER ACTIONS WE AGREE TODAY | person**WHO WILL DO THIS** | | | **targetWHAT** | | | * **BY WHEN** | | |
| **DATE OF REVIEW** |  | | | | | | | | |