

PREPARING FOR ADULT LIFE PLAN MEETING SUMMARY

To be returned to the Central SEN Team within **10 working days** of the meeting taking place.

Section 1: Pupil and School Details

Date of this review:			
Full name:			
Date of Birth:		Gender:	
National Curriculum Year:		Name of School Attended:	
Home Address:		School Address:	
Post Code:		Post Code:	
Telephone No:		Telephone No:	
Is the pupil 'looked after' by the Local Authority?		Yes	No
Is the pupil considered to have a 'disability' under the Equality Act 2010?		Yes	No
Name of person(s) with parental responsibility:		Name of person(s) with parental responsibility:	
Relationship:		Relationship:	
Address:		Address:	
Post Code:		Post Code:	
Contact No:		Contact No:	
e-mail:		e-mail:	

Section 2: Review Participants

Name	Designation/Role	Invited ✓	Attended ✓	Written evidence submitted ✓

Section 3: Summary of feedback from the pupil, parents and other professionals

What do we like and admire about the pupil?

What is important to the pupil?	What is important for the pupil (to meet their needs)?
Pupil's views on: <ul style="list-style-type: none">• Moving to higher education or employment• Independent living• Being part of the community and having friends and relationships• Being healthy	

What is working well? What does good support look like.	
What isn't working well?	
Summary of progress towards the agreed outcomes in EHC Plan: (attach relevant reports)	Revised outcomes (if appropriate)
Highlight any differences of opinion:	

Section 4: Recommendations of the Review

Recommendation	Indicate “Yes” or “No”
Further work needs to be completed to achieve outcomes, maintain the current EHC Plan	
Outcomes need to be revised, amend the EHC Plan	
Outcomes achieved, cease to maintain the EHC Plan	
Re-assess the child/young person’s special educational needs	

Section 5: Forward Planning

Proposed date of next Preparing For Adult Life Plan Meeting:	
--	--

Section 7: Declaration

This Report is an accurate record of the Annual Review Meeting

School

Signature:		Date:	
Print name:		Position:	

Parent/carer

Signature:		Date:	
Print name:		Relationship:	