

# Preparing for Adulthood

## EDUCATION HEALTH AND CARE PLAN

### Part 1 - About Me

<b>Name:</b>	
<b>Photo:</b>	
<b>Date of Birth:</b>	
<b>Parent(s)/Carer(s):</b>	
<b>Preparing for Adulthood Coordinator:</b>	
<b>Care Manager:</b>	

**Note:** Where the young person has contributed to this plan directly, language in the first person will be used. Where this is not the case, information will be written in the third person.

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- 2. How to support me, now and in the future**
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## 10. My one page profile

What people like and admire about me:

- 

What is important to me:

- 

What I like & am interested in:

- 

Essential information you need to know about me:

-

## How to support me, now and in the future

### Education and Learning (for life and work):

#### Now:

- 
- 
- 

#### In the future:

- 
- 
- 

### Living independently (including my home):

#### Now:

- 
- 
- 

#### In the future:

- 
- 
- 

### My health:

#### Now:

- 
- 
- 

#### In the future:

- 
- 
- 

### Friendships, relationships & being part of my community:

#### Now:

- 
- 
- 

#### In the future:

- 
- 
-

## How I communicate and make decisions



## **My experiences and achievements**



## My History



## **How to support my family, now and in the future**





## My life aspirations



## My personal information

<b>Full Name:</b>			
<b>Date of Birth:</b>			
<b>Education MS No:</b>			
<b>Care First No:</b>			
<b>RIO No:</b>			
<b>NHS No:</b>			
<b>National Insurance No:</b>			
<b>Child Benefit No:</b>			
<b>Parent/Carer Names:</b> <i>(indicate parental responsibility):</i>			
<b>Siblings:</b>			
<b>Family Contact Address:</b>			
			<b>Postcode:</b>
<b>Telephone No:</b>		<i>(Home)</i>	<i>(Mobile)</i>
<b>Email Address:</b>			
<b>Current School/College:</b> <i>(delete as appropriate):</i>			
<b>Language used at home:</b>			
<b>Main Communication Method:</b>			
<b>Language interpretation support needed?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>Is support required for young person or parent/carers?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>If 'Yes', please explain why:</b>			

## Professionals that support me

	Agency	Contact	Contact details (Telephone & email)	

*Add more rows, where necessary*