# My Careers Ideas

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| **Name** |
| **Permission to share information** **Checkmark with solid fill Close with solid fill** |
| **Town** |
| **Year Group/Age/DoB** |
| **SEND Details**EHCP/SEN |
| **Education**:School Experience, College Experience, Training, Volunteering, Work Experience, Qualifications |
| **Preparing for Adulthood** |
| **Employment/education**Goals/aspirations for the next 3-5 years. |
| **Independent Living/Skills**: Who lives at home? Where would you like to live/work? Can you travel independently?Chores - can you cook, clean, wash clothes/with support? Pets/responsibilities. |
| **Healthy Living** Understanding healthy eating, regular exercise.  |
| **Participating in Society**Hobbies and Interests/ Community Activities |
| **Support Network / Support Required**Family, Friends, ProfessionalsSupport when starting something new/new job etc |

 I am happy for my action plan to be shared with people who can help me.

Advisor Signature:  Date:

Learner Signature: