**NEXT STEPS**

**N**

**S**

**ACHIEVE**

**ASPIRE**

**INSPIRE**

**STRIVE**

**REACH**

**PERFORM**

**ELEVATE**

**CREATE**

**SUCCEED**

**BREAKTHROUGH**

**PURSUE**

**HOPE**

Name:

Year: Age:

Provider:

1st Meeting Date & Time: Click or tap to enter a date.

2nd Meeting Date & Time: Click or tap to enter a date.

**DREAM**

Young Person Profile

|  |  |
| --- | --- |
| Name of Young Person: | D.O.B: |
| Preferred Name: | **Gender:** |
| Access/SEN Issues:  | **Ethnicity:** |
| First Language:   | **Legal Status:** |
| Post-16 referral: |  |

|  |
| --- |
| Carer/Type of Placement (name, address and contact details) |
|  |

|  |
| --- |
| Previous School and Date of Leaving  |
|  |
|  |

Up-to-Date CV: [ ]  Yes [ ]  No

|  |
| --- |
| If no, what support is in place |
|  |

|  |
| --- |
| Long Term Goal  |
|  |

\*If young person doesn’t have long term goal discuss at meeting

\*Please attach post 16 referral if applicable

Previous Qualifications and Achievements

|  |  |  |  |
| --- | --- | --- | --- |
| Subject | Accreditation e.g. GCSE, BTEC | Grade/Level | Date |
|  |  |  |  |
|  |  |  |  |
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Current Provision

|  |  |
| --- | --- |
| Provider |  |
| Course |  |
| Level |  |
| Course Length  |  |
| Start Date |  |
| End Date |  |

Views of Young Person

|  |
| --- |
| Current Provision: |
| Provision Achievements:  |
| Level of Support: |
| Provision Issues: |
| Review Long Term Goal: |

Views of Provider

|  |
| --- |
| Young Person’s current achievements, progress & areas of improvement: |

Views of Parent/Carer (If appropriate)

|  |
| --- |
|  |

Next Steps Summary

|  |
| --- |
| **My Educational/Training Needs and Strengths** |
| What needs to happen next  | Who will help me | By when  |
| Short term (from now over the next three months) |  |  |
| Medium term (within 6 months)  |  |  |
| After current provision ends: |  |  |

|  |  |  |
| --- | --- | --- |
| Date/time of my Next Steps Meeting – to be within 6 months |  | Venue:  |

|  |  |
| --- | --- |
| Complete at first meeting | Complete at review if changes have occurred |
| Carer (if applicable) Name:Tel:Address: | **Carer** (if applicable)Name:Tel:Address: |
| Birth Parents (if applicable)Name:Tel:Address:  | **Birth Parents** (if applicable)Name:Tel:Address: |
| Pathways TeamName:Tel:Email Address: | **Pathways Team**Name:Tel:Email Address: |
| Social Worker Name:Tel:Email Address: | **Social Worker** Name:Tel:Email Address: |
| Key Contact at Provider Name:Tel: | **Key Contact at Provider**Name:Tel: |
| Post 16 Education CaseworkerName:Tel:Email Address: | **Post 16 Education Caseworker**Name:Tel:Email Address: |
| Any restrictions on contact? | **Any restrictions on contact?** |
| Who else should reports be sent to? (only applicable with the permission of the young person) | **Who else should reports be sent to?** (only applicable with the permission of the young person) |

|  |  |
| --- | --- |
| Plan completed by: |  |
| Young Person’s signature:  |  |