

**Transition Team Plan:**

**Name:**

**Date:**

Summary of area of need.	Interventions required & by whom	Intended outcome	Young persons strengths, views & comments


Date for revisiting plan:

Discussed with:

Young person: **Y/N**

CAMHS care coordinator: **Y/N**

Transition Team: **Y/N**

Additional Professionals: **Y/N**

Consider the following areas when completing this plan: emergency/crisis, mental health & emotional support, physical health, education & training, employment, housing, finances, social circle & interaction and supporters & carers.