**Date:**

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| --- | --- |
| **ALUMNI NAME** |  |
| **Contact Details:****Email / phone number** |  |
| **PFA OUTCOMES** |
| **EMPLOYMENT**Have you identified any form of work upon leaving \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_?**Employment/Supported Employment** Full-time Part-TimeOccasionalVolunteeringIf yes to any of the above – Name of employer/organisation: **Education**Full-Time Part-TimeShort CourseIf Yes to any of the above – Name of Course: **Training** Full-Time Part-Time Short-Course |
| **INDEPENDENT LIVING / HOUSING**What type of housing have you moved to?Do you live in supported Housing?Yes No Do you live in independent housing?Yes No Have you made a successful transition back to your home?Yes No If you have moved back home, do you intend to move to your own accommodation in the future? Yes No Unsure Do you have a PA? Yes No  |
| **COMMUNITY INCLUSION**What community activities have you linked in with your local area?Do you currently attend any community activities or services? Yes No **Please List all below** |
| **HEALTH**Since completing your education at \_\_\_\_\_\_\_\_\_\_\_ have you linked in with all health services?Please list details below:Gym other physical exercise:**Doctor:** **Dentist:****Optician:****O/T:****Therapist:****Physio:****Healthy living course:****Other** |
| **ACTION POINTS & NOTES**  |
|  |

**Signed:**

**Date:**

**Signed Alumni:**

**Date:**