***Rectangle

Description automatically generated with medium confidence***

**Annual Review Young Person’s Views:**

**Year 9 and Above**

Childrens Social Care and Lifelong Learning

Education, Schools and Inclusion, SEND Team

**Your Name: Date of Birth:**

1. Who is filling out this form?

|  |  |  |
| --- | --- | --- |
| Just me | Me and my parents/carers | Me and another person |
|  |  |  |

If you answered ‘Me and another person,’ please let us know who this is:

1. How do you prefer to communicate? For example, verbally, signing, with adult support, etc.
2. What are you good at?
3. ­­­­­What do you enjoy doing the most?
4. ­­­­What are your hopes and dreams for the future and what do you think you might need to achieve these?
5. Is there anything you need help with?

|  |  |  |  |
| --- | --- | --- | --- |
|  | I’m confident | I would like more help | Comments |
| Travelling Independently |  |  |  |
| Taking care of my own health needs |  |  |  |
| Managing my money |  |  |  |
| Keeping myself safe online and out and about |  |  |  |
| Talking to people and making friends |  |  |  |
| Finding fun things to do |  |  |  |
| Skills to live by myself |  |  |  |
| Seeking help when it’s needed |  |  |  |

1. ­­­Do you have any worries, questions, or anything else you’d like to tell us?