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**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?