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**Annual Review Young Person’s Views****This form is to be used when Child is able to communicate their own views.**

Childrens Social Care and Lifelong Learning

Education, Schools and Inclusion, SEND Team

**Your Name: Date of Birth:**

1. Who is filling out this form?

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| 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.
2. What are you good at? What are your talents? What do people like about you?

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1. What have you achieved this year? What has made you feel pleased and proud? It may be something at home, at school or at a club.

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5. Looking ahead to next year, what are your hopes and dreams? What would you like to be able to do?

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1. What are your dreams for the future? What support do you need to achieve those dreams?

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1. Who helps and supports you? Who is important to you?

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1. Do you belong to any clubs or groups? Where do you go at weekends? Who do you see?

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1. Do you have any worries or concerns? Is there anything not working for you, or something you would like to change?

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1. Anything else you would like to tell us?

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