# Child / Young Person’s advice towards the Annual Review

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| **Forename:** | **Surname:** |
| **Date of birth:**  | **Gender:** |

##  Child’s details

## Child’s Educational details

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| **School/College/Training Provider:** |
| **Year Group:** |

## Signatures and declaration

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| **Completed by:** |
| **Date:** |

## Please include the details for any health or social care professionals currently involved with you

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| **Name** | **Role** | **Address or phone number** |
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| What I like about school/college: |

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| What I am good at, what others like about me and what I like about myself: |

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| What is important to me and makes me happy? |

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| What you need to know about how I like to be supported, and what I find difficult: |

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| **From year 9 onwards:** (looking at Post 16 pathways).* What learning would I like to do in the future?
* What job would I like to do in the future?
* At appropriate time include planning for transition to adult service for health and social care.
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| **What I would like to be able to do in the future:*** To keep healthy
* To develop and maintain friendships/relationships
* To participate in the community i.e. clubs, groups etc.
* To get about and travel
* What you want to be able to do without help
* To make your own decisions
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| Is there anything else you would like to say?: |

## How I communicate and make decisions

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| **How I like my information?** | **How to help me make choices?** | **When are the best times to ask me to make a decision** | **When is it not a good time for me to make decisions** |
| For example – explained to me in person, written down, with photos etc | For example – do not give me too many choices at one time, give me information in a certain order etc | For example – first thing in the morning, afternoon, after a meal, when I am on my own. | For example – first thing in the morning, afternoon, after a meal, when I am on my own. |
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Please circle/indicate for the following:

1 – Poor 5 – Satisfactory 10 – Excellent

## How well do you think your school/college/training is meeting your special educational needs?

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| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |

1 – Poor 5 – Satisfactory 10 – Excellent

## How well do you think you are progressing?

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| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |

1 – Poor 5 – Satisfactory 10 – Excellent

## How good is the communication between you and the school about your needs/progress?

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| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |

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| Is there anything else you would like to say?: |