**My views**

This document will contribute to the Annual Review of the Education, Health and Care Plan.

To be circulated at least two weeks prior to the Annual Review meeting

***Settings are encouraged to create their own personalised format for the child/young person’s views in light of their age, developmental stage and special educational needs. Children and young people should be supported to provided their views in whatever way they feel most comfortable and with support from school/college staff, their parent/carer, or an independent supporter where necessary.***

*Some children or young people may wish to communicate their views by alternative means such as drawings, discussion with a trusted adult, using the computer, signing or something else. In this case, their views should still be summarised here and their drawings etc. attached where possible.*

*If it is not possible for the child/young person to complete this form themselves, please record their views for them and indicate that you have done so in the relevant section below.*

*Please note that some sections are only applicable to pupils/students in Year 9 or above, or for those aged over 16.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of review** | Time | | Place |
| Please return to | | By | |

**1.**

|  |  |
| --- | --- |
| **Details of child/young person** | |
| Name | Date of birth |
| I will be attending the Annual Review of my Plan  *mark with an X in the box* Yes No | |

**2.**

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| **My achievements over the past year** *(include any particular achievements, awards, things you have enjoyed, things inside and outside of school/college)* |
|  |

**3.**

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| **What’s working well for me** |
|  |
| **What could be working better for me** |
|  |
| **Things I’d like more help with** |
|  |
| **New things I’d like to try** |
|  |

**4.**

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| **Have the aspirations and goals for the future as described in your Plan changed in any way? If so, what?**  *(What is important to me for the future)*  *(Parents/carers/schools/settings should support the child /young person to understand this question and refer to the Plan if necessary)* |
|  |

**5.**

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| **What progress do you feel you have made towards meeting the outcomes on your EHC Plan?** |
|  |
| **Do you think any new outcomes need to be set? If so, what?**  *If there new things (outcomes) that you would like to achieve in the next 2-4 years, please say what they are here.* |
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**6.**

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| **Do I need anything different in the coming year to help me to achieve my goals/outcomes?** *(This can include things that you wold like other people to do to help you)* |
|  |

**7.**

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| --- | --- |
| **Do you travel to school/college by yourself? (Y/N)** |  |
| **If not, how are you being helped to learn how to travel as independently as possible?** | |
|  | |
| **What more help would you like to help you to travel as independently as possible?** | |
|  | |

**8.**

|  |  |  |
| --- | --- | --- |
| **If you are in Year 9 or above, please answer the following questions by ticking the box Yes or No:** | **Yes** | **No** |
| I hope to stay on in this school and go into the sixth form |  |  |
| I hope to leave school as early as possible and get a job |  |  |
| I hope to transfer to college when I leave school |  |  |
| I already have ideas about my future career:  If yes please say what they are |  |  |
| I am unsure what I want to do in the future |  |  |
| Have you had careers advice? (mark x in box) |  |  |
| Do you want more advice about careers? |  |  |
| Did anyone help me to fill in this form? If yes, what was their name and how did they help me? | | |
|  | | |

**For young people over the age of 16 only**

**9.**

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| **Do you want to request a Personal Budget to make the provision made in the Plan or request changes to any existing person budget? *(Your school/setting should provide you with information about Personal Budgets or sign post you to where you can find this)*** |
|  |

**10.**

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| **Young people aged 16 and over must sign the form entitled Mental Capacity and Information Sharing.** | |
| **If you are aged 16 or over please confirm that you have signed the mental Capacity form and it is included with this document (Y/N)** *(NB the young person’s representative/Deputy/independent supporter may sign here on the young person’s behalf if they are unable to do so themselves).* |  |

|  |  |
| --- | --- |
| Signature of child/young person | Date: |

|  |  |
| --- | --- |
| **If you are signing on behalf of the child/young person:** | |
| Name |  |
| Role  *Eg parent/carer/*  *Independent supporter* |  |