**My views**

This document will contribute to the Enhanced Annual Review of the Statement and also to the Education, Health and Care needs assessment when the Local Authority carries out a Transfer Review.

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

*Settings are encouraged to create their own personalised format for the child/young person’s views in light of their age 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 section themselves, please record their views for them and indicate that you have done so in the relevant section below.*

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

**1.**

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

**2.**

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| --- | --- | --- | --- |
| **Important people in my life** (family, friends, favourite people, events, pets) | | | |
|  | | | |
| **Things that are important to me** | | | |
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| **What I’m good at – my skills and strengths** | | | |
|  | | | |
| **How I prefer to communicate**  *For example, in writing/dictating/by talking/assistive technology etc* | | | |
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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** | | | |
|  | | | |
| **My aspirations and goals for the future**  *(What is important to me for the future)*  *If there things (outcomes) that you would like to achieve in the next 2-4 years, please say what they are here.* | | | |
| What would I like to do in future to keep healthy  *E.g. going to the dentist/optician*  *Doing more sport* |  | | |
| What would I like to do so that I know more people and do more things outside school?  *E.g. joining a community group*  *Going shopping* |  | | |
| Where would I like to live when I am older?  *E.g. by myself*  *Supported living etc* |  | | |
| What learning would I like to do in the future?  *E.g. Apprenticeship*  *Work experience*  *Further/higher education* |  | | |
| What job would I like in the future? |  | | |
| What do I want to be able to do without help?  *E.g .travelling*  *driving*  *Going out* |  | | |
| **What will I need to do to achieve my goals?** | | | |
|  | | | |
| **How can others help me to achieve my goals?**  *Eg parents/carers/teachers etc* | | | |
|  | | | |
| 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? | | | |
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**3.**

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| **If the Local Authority provides home to school transport for you, please comment on how you are being helped to become a more independent traveller in the future.** |
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**4.**

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| **Any other comments you want to make.** |
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**For young people over the age of 16 only**

**5.**

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| Do you think that the information and reports gathered for this Review are sufficient to carry out a Transfer Review?  (*Information that is recent and relevant, and accurately describes your current needs and focuses on Outcomes is likely to be sufficient for the Transfer Review)* | **Y/N** |
| If you do not think the information gathered is sufficient to inform a Transfer Review, what further information do you think should be gathered? Your parent/carer, school, college or representative can help you think about this.  *(Insert details below)* | |
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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).* |  |

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| Signature of child/young person | Date: |

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