**Voice of the Child/Young Person Form (Written) (AR2b)**

*This form can be used to gather the child/young person’s views as part of a new EHC assessment/EYAR referral, annual review or transfer review. This form (wherever possible) should reflect the views directly expressed by the child/young person and reference to how the views of the child/young person have been sought should be documented*

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| --- | --- | --- | --- |
| **Name** |  | **DOB** |  |
| **If I have needed help completing this form, I have been helped by…** |  | **Date** |  |
| **Setting/School I attend** |  | **Year group** |  |

**Please consider the child’s views in school and out of school.**

|  |  |
| --- | --- |
| I will give my views in my review meeting by…… |  |
| What am I good at / what are my strengths? |  |
| What do I like doing? |  |
| Who are my family and friends? |  |
| What makes me happy? |  |
| Things I enjoy most in school/setting are…. |  |
| Things I find difficult in school/setting are….. |  |
| People can help me by….. |  |
| What is working well for me? |  |
| What would I like to get better at? |  |
| My aspirations / hopes: what I would like for my future (work and life). |  |
| What will help me prepare for adult life to achieve the best outcomes in employment, independent living, staying healthy participating in my community? |  |
| Anything else I would like to share/discuss as part of my review meeting… |