

**Voice of the Child/Young Person Form**

**(Please complete this form directly with the child)**

**My name is ………………………………………………………………..**

**I am ……………… Years old**

**The setting I go to is ……………………………………………………**

**………………………………….. Helped me to complete this form on ……./.……/…………**



**My favourite TV programme is ………………………………………..**



**My favourite film is ………………………………………………**



**My favourite singer/band is…………………………………………..**



**My favourite toy is ……………………………………….**



**My favourite game to play is …………………………………**

 **My favourite computer game is……………………………………….**

 **My favourite indoor activity is …………………………………….**

**My favourite outdoor activity is …………………………………….**



**My favourite food is ………………………………………..**



**My favourite animal is …………………………………………….**



**My favourite day out is ……………………………………………**



**My favourite colour is …………………………………………….**



**My favourite thing to do at nursery is …………………………………….**



**My favourite people to spend time with are ………………………………………..**



**When I grow up I want to be ………………………………………………..**