**My Views**

As part of an Education, Health and Care Needs Assessment we would like to know how you feel about your school or College, your teachers, and about your feelings and ideas. If you would like to send your views in another way, for example a letter, picture or recording then please do so.

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| **School/College** |  |
| **Your name:** |  |
| **Your Date of Birth:** |  |
| **Date:** |  |

**School or College**

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| At school / college, what are you good at or what do you enjoy? |
| What do you find more difficult? |
| Is there anything at School or College that makes you scared or worried? |
| Are you happy with the progress you are making? What have you achieved in the last year? |

**How you are getting on at school / college**

**How you are helped at school /college**

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| What things do people help you with when you are at School or College? |
| Do you think that the help that you get is very good, good or bad?  Can you give your reasons for this? |
| What help do you find useful at School or College? |
| Is there any other help at School or College that you feel you need? |

**The plans you have for the future**

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| What would you like to get better at or like to try at School or College? |
| What would you like to do in the future? What job would you like to do after School/ College? |

**All about you**

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| What are people's favourite things about you? |
| What do you like about yourself? |
| When you are not at School or College, what are you good at? What do you enjoy doing? |
| When you are not at School or College what don't you like as much? |

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| What would you like your Education, Health and Care Plan to say? |

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| Is there anything else that you would like to tell us? |

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| --- | --- |
| Your signature |  |
| Date |  |
| Name and role of anyone who helped you to complete this form |  |