

Barking and Dagenham Child/Young Person and Parent views for Annual Review (Appendix A)



When this document is being completed on behalf of a Child or Young Person the person completing the form must clarify their relationship to the Child or Young Person by completing the boxes on page 10.

A child/young person's words must be included within inverted commas so that it is clear what has been said by the child/young person.

Education, Health and Care Plan Child/Young Person's views

Profile

Name:

Age:

School:

Year Group:

I communicate by:

I am good at:

Parents comments:

| | |
|----------------------------------------------------|--|
| What is important to me and makes me happy? | |
| Parents comments: | |

| | |
|---------------------------------|--|
| How I like to be helped: | |
| Parents comments: | |

Important people in my life



Family



Friends



Other people



School

School

Things I like

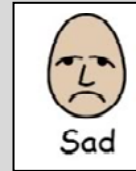


At Home

At School

Parent Comments

Things I don't like



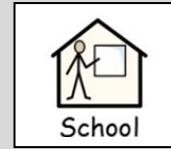
At Home

At School

What can adults do to help?

Parents Comments

At School

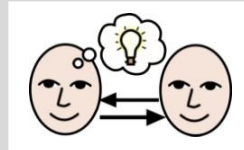


I am good at

I need help with...

Parents comments

My future – my hopes and dreams?



The future could be now or a few years on and may include anything from simply being happy, meeting new people or getting a job to be more independent.

Area of my life

My ideas about this

In school I want to be better at:

Parents comments

At home I want to be better at:

Parents comments

| Area of my life | My ideas about this |
|-----------------------------------------|---------------------|
| At college I would like to learn about: | |
| Parents comments | |
| These are the jobs I would like to do: | |
| Parents comments | |

| <p style="text-align: center;">My Health</p>  | v |
|-----------------------------------------------------------------------------------------------------------------------------------------|----------|
| <p>I feel well most of the time</p> | |
| <p>I have a lot of illness</p> | |
| <p>I want to talk to someone about my health</p> | |
| <p>Any comments:</p> | |
| <p>Parents comments:</p> | |

| | |
|-------------------------------------|--------------------------------------------|
| Completed by: (Pupil's name) | Supported by: (Adult's name) |
| Date: | Relationship to Child/Young Person: |

| |
|-----------------------------------------------------------------|
| Anything else you think is important for people to know: |
| Parents comments |