**Young** **Person’s Views – All About You**

This form is to help other people to understand you and your views so that they can work with you. It will also help you have a say in how you are supported. Your views will be used in your Education, Health and Care Plan or Annual Review report.

Insert image of you here (this can be a photo, avatar or picture that represents you)

| Name |  |
| --- | --- |
| Date of birth |  |
| Who helped you to complete this form (if anyone)? |  |
| Date form completed |  |

| **What is going well?** |
| --- |
| At school / college | At home | In the community |
|  |  |  |

| **What isn’t going so well?** |
| --- |
| At school / college | At home | In the community |
|  |  |  |

| **The things that help me** |
| --- |
| Who helps me | How do they help me | How do I help myself |
|  |  |  |

| **The things I need more help with and how**  |
| --- |
| Gaining skills and qualifications to get a job in the future? | To be independent? | To spend more time with family and friends? | To be healthy? |
|  |  |  |  |

| **The things I want to achieve in the next year**  |
| --- |
| Gaining skills and qualifications to get a job in the future? | To be independent? | To spend more time with family and friends? | To be healthy? |
|  |  |  |  |

| **Do you feel that your views and ideas are listened to?** |
| --- |
| If not, what do you think needs to happen? |
| **Thinking about the future** |
| My dreams for the future are… |  |
| Who is helping you to plan for the future? |  |

| **Any other comments…** |
| --- |
|  |