












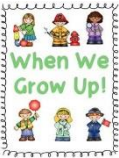
Voice of the Child/Young Person Form (Pictorial) (AR2a)

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

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/young person's views in school and out of school.

	How I like to communicate with others?	
	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?	

	<p>What makes me happy?</p>	
	<p>Things I enjoy most in school are....</p>	
	<p>Things I find difficult in school are.....</p>	
	<p>People can help me by.....</p>	
	<p>What is working well?</p>	
	<p>What would I like to get better at?</p>	
	<p>What do I want to be/do when I am older?</p>	
<p>Any additional information I would like to share/ discuss as part of my annual review...</p>		