|  |  |  |  |
| --- | --- | --- | --- |
| **Child/Young Person’s Views, Interests, Hopes and Aspirations**  **To be included in Education, Health and Care Plan**  **Please capture the child’s views in whatever format works for them, pictorial/photographs/questionnaire/link to their voice, using the following questions as prompts** | | | |
| **Name of child/young person** | | | **The views of the child were obtained by** (name/relationship) |
|  | | |  |
| **Date of birth** |  | | |
| **School/setting** |  | | |
| **People, places, and things that are important to me or that I like** | | | |
|  | | | |
| **Things I don’t like** | | | |
|  | | | |
| **What I’m good at – my skills and strengths, what people like and admire about me** | | | |
|  | | | |
| **What I worry about, what I find hard and what helps/doesn’t help me to learn** | | | |
|  | | | |
| **My hopes for the future (aspirations)** *for example: friends and relationships, interests, health, education, employment and ambitions* | | | |
|  | | | |
| **Anything else you would like us to know?** | | | |
|  | | | |
| **Who helped you to write this information for us?** | |  | |
| **Signed** | |  | |
| **Date** | |  | |