|  |  |
| --- | --- |
| **Your Name:** |  |
| **Date of Birth:** |  |
| **Your school or setting (if you attend one):** |  |
| **Date completed:** |  |

**This is your opportunity to talk about your EHCP and about the help you receive inside and outside of school.**

**What is an EHCP?** EHCP means Education, Health and Care Plan.

It is all about what you are good at and what things you might need some help with. It also contains a section about your goals for the future and tells anyone supporting you what help you need to achieve your goals.

**Why have we sent you this form?** We are either deciding if you need an EHCP or reviewing one you already have. If you are unsure, you can speak to an adult you trust who will be able to explain more details to you.

**Why do we need your opinion?**

Because it is all about you!

We want to know what you can do well, what you enjoy, as well as your views about what support you need and how we can help you to become a more independent learner and person.

You can use this form to tell us what adults need to know about your life now.

You can draw pictures, write or type comments or send us photographs to share your views. If you want to use extra pages or a different type of form, you can.

|  |  |
| --- | --- |
| **What makes me happy? What is important to me?** | |
| At nursery, school or college? |  |
| With my health? |  |
| Outside of school time? |  |

|  |  |
| --- | --- |
| **What makes me worried, sad, angry or frustrated?** | |
| At nursery, school or college? |  |
| With my health? |  |
| Outside of school time? |  |

|  |  |
| --- | --- |
| **What am I good at? What makes me proud?** | |
| At nursery, school or college? |  |
| With my health? |  |
| Outside of school time? |  |

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| --- | --- |
| **The best ways to support me:**  **I need help with…**  **You can help me by…** | |
| At nursery, school or college? |  |
| With my health? |  |
| Outside of school time? |  |

|  |  |
| --- | --- |
| **I like people to communicate with me using…**  **I like to make decisions by…** | |
| At nursery, school or college? |  |
| With my health? |  |
| Outside of school time? |  |

|  |  |
| --- | --- |
| **I want to learn or get better at…** | |
| At nursery, school or college? |  |
| With my health? |  |
| Outside of school time? |  |

|  |  |
| --- | --- |
| **What would you like to do in the future? (For older children only)** | |
| In education or work? |  |
| With your health? |  |
| Outside of school or work time? |  |
| With friendships and relationships? |  |
| With your independence? |  |

|  |  |
| --- | --- |
| **Any comments or questions?** | |
| About nursery, school or college? |  |
| About your health? |  |
| About your life outside of school? |  |

**Thank you for sharing your views and ideas.**

**Your views and ideas will help adults support you and help you now and in the future.**

Did you have help to complete this form? (Please tick)

|  |  |
| --- | --- |
| Yes, I had help to complete this form. |  |
| No, I did this form by myself. |  |

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| If you have supported a child or young person with this form, please indicate your name, role and briefly how information was gathered.  Thank you. |
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