



Name of YP

School / School Year

Name

Age

School

School Year

Exams this year

About Me Section - prompt with suggestions if necessary

Things that I am good at and things I like about myself section

Goals for the future

Things I find difficult section

SEND / Additional Needs - prompt with examples if necessary

Is the school aware of these difficulties?

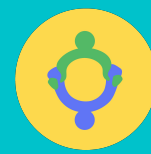
Has school provided any support for these difficulties?

Does the YP have an EHCP Plan?

Things YP is worried about - prompt with examples if necessary

Date:

Person filling out this form::



Does YP receive free school meals?

What does the school say happened re. exclusion

Does YP agree? & anything else YP feels re. exclusion

Did YP receive a letter from school confirming exclusion?

Did the school speak to YP and take their views?

What does YP want to happen?

People who are important to YP and adults they can trust

Anything else YP wants to say

Notes