**Review of an Education Health and Care Plan**

**Young Person’s Views**

The annual review meeting is where you talk about your successes and how well you are doing.

It is also a place where you can tell us what makes things hard for you.

Outcomes in your Education, Health and Care Plan (EHCP) should be important goals for you to aim at. Have a look at them or ask your parent or a staff member to explain what they mean. Are these important to you?

This form is to help you to think about this before the review meeting.

You can attach a photo or a piece of work you are proud of, if you wish.

You can also give your views via a parent or a staff member, you can record a video, write a text, use a phone app or write a handwritten note. Whatever is best for you (speak to staff about how to store electronic information safely).

**CHANGES TO KEY INFORMATION**

Please record any information that needs amending**.**

|  |  |
| --- | --- |
| **Your phone number** |  |
| **Your email address** |  |
| **Your social media tags or usernames** |  |
| **Your home address** |  |
| **Is it still OK for us to contact your parent/s about your education and training and share all of your information with them?**  | Yes / No |

**YOUR VIEWS**If a parent or staff member is writing or typing this, it **must** be written in the third person (he/she/name).

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| 1. **What are you good at and what do your friends like about you?**
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| 1. **What is most important to you?** People, things you like to do, things you look forward to
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| 1. **What are your ideas about becoming an adult?**
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| Jobs you may want to do, thinks you will be able to do for yourself, what will be good about being grown up? |

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| 1. **What is going well and what works?**
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| If there something that works well and helps you to progress?  |

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| 1. **What is difficult or not working well?**
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| Is there something that you would like more help with? Can you tell us what help you need? |

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| 1. **Any other information you want to tell us**
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| 1. **Your name and any staff members or parents who are helping you to fill this form in**
 |
| Name (young person) |  |
| Name (staff member) |  |
| Name (parent / carer) |  |
| Date |  |

Please send this to the school or other education provider or take it with you to the annual review meeting.

If you have any questions, please contact us at SEN@hounslow.gov.uk (contact number 020 8583 2672).

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This information will be shared with Hounslow Council Staff (as appropriate), Social Care Professionals, Educational Psychology Services, NHS Clinical Commissioning Groups (CCGs), and representatives from Hounslow schools.

Our Children’s Services and Education Privacy Statement can be found on Hounslow Council’s website, www.hounslow.gov.uk. This explains the data we hold (including special category data), what we do with it, with whom we share it, how we keep it safe, and your rights with regard to data protection.

Please contact us if you would like this document in **easy read**, another more accessible format, or if you need it to be **translated** to another language.