**Appendix 1.**

**Education, Health & Care Plan (EHC) Annual Review**

**Child/Young Person’s Views**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Child/Young Person** | **Date of Birth** | **Annual Review Date** | **School** |
|  |  |  |  |

|  |  |
| --- | --- |
| **What has worked well in school for me this year?** | **What hasn’t worked well in school for me this year?** |
|  |  |
| **In the next year I would like to…** | |
|  | |

|  |  |
| --- | --- |
| **Great things about me:** | **Who is important to me:** |
|  |  |
| **My likes:** | **Things I am good at:** |
|  |  |
| **My dislikes:** | **Things I find difficult:** |
|  |  |
| **What is important to me:** | **Ways to support me best:** |
|  |  |

**Completed by:**

**Supported by:**

**Date:**

***Please return to the SENCO before the Annual Review meeting.***