

**YOUNG PERSON'S CONTRIBUTION TO THE REQUEST FOR AN EDUCATIONAL,  
HEALTH AND CARE NEEDS ASSESSMENT**

Please note that a copy of this form **must** be given to a young person 16 or over to complete prior to submitting the request and included with the request papers

Please tell us what you are good at and like doing

Please tell us about any concerns you have regarding your education, health and care

Please give us any additional information you would like to add:

**Young Person's Signature** ..... **Date** .....