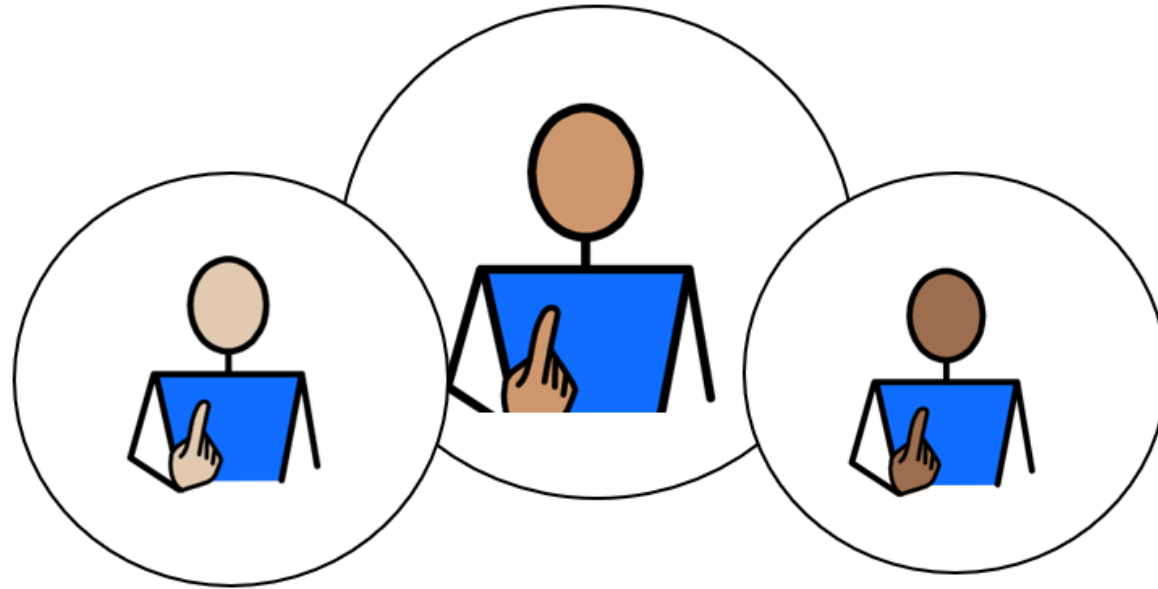


All about Me



Appendix 1A: Pathway 1

Voice of the Child / Young Person



We use our Children and Young People's Outcome Framework, below, to make sure that the support provided for you is having a positive impact on your life.



This is your chance to tell everyone supporting you what is going well, and what needs to change, in order to help you reach your full potential. The following questions will help us to understand more about you, and your views about your life.

This form can be printed off, to add your own ideas and thoughts in the blank grey boxes, if you would like to. An adult can read for you, and /or write your answers for you, if you would like help; and you can break it down into smaller parts, if you don't want to complete it all at once. Alternatively, this form can be completed electronically, using the text boxes to add typed comments and /or selecting thoughts and views using the tick boxes provided.

Please use the information gathered through Pupil Voice to inform the Annual Review Meeting in terms of Outcomes and Provision.



My name is:



Click or tap here to enter text.

My school/setting is called:



Click or tap here to enter text.



This information was provided by:

[Click/Tap here to select the relevant statement.](#)

*Please select the relevant statement above to represent how the child's views were gathered to complete Appendix 1A.

Date of completed form:

Click or tap to enter a date.

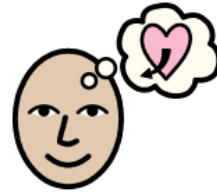


Picture, drawing, or photo of me (*optional*):





My aspirations (goals) for the future:



<p>This year I want to get better at:</p>		<p>Comments:</p>
<p>3 wishes for my future are:</p>		<p>Comments:</p>



I am working towards independence, by:



<p>Having my own voice</p> <p><input type="checkbox"/></p>	<p>Knowing my routine</p> <p><input type="checkbox"/></p>	<p>Showing my likes to something by smiling or reaching for it</p> <p><input type="checkbox"/></p>
<p>Anticipating food routines with interest</p> <p><input type="checkbox"/></p>	<p>Accepting an 'intervention' feed e.g. peg feed</p> <p><input type="checkbox"/></p>	<p>Biting finger food</p> <p><input type="checkbox"/></p>





I am working towards independence, by:



Holding my own cup <input type="checkbox"/>	Starting to co-operate with dressing, holding out my arms/legs <input type="checkbox"/>	Co-operating with nappy/pad changes <input type="checkbox"/>	Expressing my dislike to something by crying or pushing it away <input type="checkbox"/>

Comments:





I can communicate best, by:



<p>Reacting and responding to adults</p> <input type="checkbox"/>	<p>Signing</p> <input type="checkbox"/>	<p>Using Symbols</p> <input type="checkbox"/>	<p>Voca / Grid Player (Assistive Technology)</p> <input type="checkbox"/>	<p>Braille</p> <input type="checkbox"/>	<p>Touch Cues</p> <input type="checkbox"/>

Comments:





I can communicate best, by:



Objects of Reference <input type="checkbox"/>	Photo Cues <input type="checkbox"/>	Sensory Cues <input type="checkbox"/>	Vocalisation <input type="checkbox"/>

Comments:





I can communicate my basic needs and wants, when:



I am hungry <input type="checkbox"/>	I am thirsty <input type="checkbox"/>	I am tired <input type="checkbox"/>	I feel unwell <input type="checkbox"/>	I need help <input type="checkbox"/>
I need suction <input type="checkbox"/>	I need repositioning <input type="checkbox"/>	I am in pain <input type="checkbox"/>	I want to choose between a preferred and non-preferred object <input type="checkbox"/>	I need my nappy/pad/catheter change <input type="checkbox"/>
	Comments:			
I need a break <input type="checkbox"/>				



My
Health

I can keep healthy, by:



<p>Spending time outside each day</p> <p><input type="checkbox"/></p>	<p>Eating (food, bottle, peg feed, etc)</p> <p><input type="checkbox"/></p>	<p>Drinking</p> <p><input type="checkbox"/></p>	<p>Staying regulated without a screen for increasing periods of time</p> <p><input type="checkbox"/></p>
<p>Tolerating having my hair brushed</p> <p><input type="checkbox"/></p>	<p>Getting enough sleep</p> <p><input type="checkbox"/></p>	<p>Accepting medicine</p> <p><input type="checkbox"/></p>	<p>Tolerating having my fingernails and toenails cut</p> <p><input type="checkbox"/></p>



My Health

I can keep healthy, by:


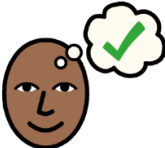





<p>Having my nappy/pad/catheter changed</p> <p><input type="checkbox"/></p>	<p>Tolerating having my teeth brushed</p> <p><input type="checkbox"/></p>	<p>Attending medical appointments (doctors/ dentist, etc)</p> <p><input type="checkbox"/></p>	<p>Having sun cream applied</p> <p><input type="checkbox"/></p>

Comments:



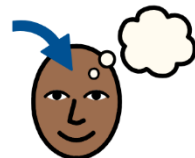
I can show engagement, through:

<p>I show exploration, by... (For example: showing interest and curiosity about an activity by noticing it or reaching out to it).</p>		<p>Comments:</p>
<p>I show realisation, by... (For example: I display behaviours that show I want more control of the stimulus or activity - for example, by stopping it or trying to make changes to it).</p>		<p>Comments:</p>
<p>I show anticipation, by... (For example: I anticipate that a familiar activity is about to start or finish by interpreting cues or prompts such as auditory (what I hear), tactile (what I feel) and visual (what I see)).</p>		<p>Comments:</p>
<p>I show persistence, by... (For example: I can sustain my attention in a stimulus or activity for long enough that I can actively try to find out more and interact with it).</p>		<p>Comments:</p>
<p>I show initiation, by... (For example: I investigate a stimulus or activity to bring about a desired outcome. I can act spontaneously and independently during a familiar activity without waiting for direction).</p>		<p>Comments:</p>





The best way for me to learn, is:



Visual <input type="checkbox"/>	Kinaesthetic (practical, hands-on, doing things) <input type="checkbox"/>	Auditory <input type="checkbox"/>	Out-door <input type="checkbox"/>	Project-based <input type="checkbox"/>
Play <input type="checkbox"/>	Following my special interests <input type="checkbox"/>	Watching videos <input type="checkbox"/>	Life Skills <input type="checkbox"/>	Working towards and achieving my EHCP outcomes <input type="checkbox"/>





Adults can help by giving me:







Thinking Time 	Repetition 	Ear Defenders 	Fiddle Toys
Relaxation 	Social Stories 	Choices 	Safe Space





Adults can help by giving me:



			
Visual Timetable / Objects of Reference	Sensory Room Time	Ensuring that my equipment is comfortable	Motivators
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

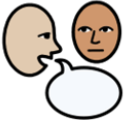









Comments:



My
Safety

Adults can help to keep me safe, by teaching me to:



				
Follow adult direction to keep me safe <input type="checkbox"/>	Recognise Danger <input type="checkbox"/>	Practise Self-Regulation <input type="checkbox"/>	Understand what to do in a fire drill <input type="checkbox"/>	Understand Road Safety <input type="checkbox"/>
				
Be aware of Stranger Danger <input type="checkbox"/>	Practise Online Safety <input type="checkbox"/>	Keep healthy and look after my body <input type="checkbox"/>	Understand Consent: My body; My choice <input type="checkbox"/>	Understand Boundaries: My right to say No. <input type="checkbox"/>



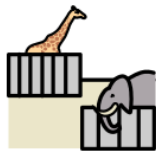
Outside of my school, or setting, I like:



Technology <input type="checkbox"/>	Going outside <input type="checkbox"/>	Going to the park <input type="checkbox"/>	Swimming <input type="checkbox"/>
Going out with their Personal Assistant <input type="checkbox"/>	Going on an outing <input type="checkbox"/>	Going to the playground <input type="checkbox"/>	Visiting a family member's house <input type="checkbox"/>



Outside of my school, or setting, I like:



Going to the cinema

Going to the zoo

Going to the beach

Going to soft play

Going to a trampoline
park



Comments:



My Quality of Life

My quality of Life:



				
<p>I can express when I like something</p> <p><input type="checkbox"/></p>	<p>I can express when I do not like something</p> <p><input type="checkbox"/></p>	<p>I have a trusted adult who can interpret my needs and wants</p> <p><input type="checkbox"/></p>	<p>I can show pleasure from an activity</p> <p><input type="checkbox"/></p>	<p>Adults protect my dignity and show respect, when hoisting or changing me</p> <p><input type="checkbox"/></p>
				
<p>I enjoy using the Sensory Room</p> <p><input type="checkbox"/></p>	<p>I enjoy going on school trips</p> <p><input type="checkbox"/></p>	<p>I enjoy Forest School</p> <p><input type="checkbox"/></p>	<p>I enjoy Hydrotherapy time</p> <p><input type="checkbox"/></p>	<p>I enjoy using the Sensory Playground</p> <p><input type="checkbox"/></p>

Comments:



My quality of Life:



At home, I am happy, with:

		
My family	My pets	My close friends
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:		



At my school or setting, overall:



My Setting:		Yes 	No 	Unsure
I have the right amount of support:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel listened to:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can show engagement:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a sense of belonging:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have been included in my Annual Review meeting:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Anything else:



Comments:



