 Education and Children’s Services

PRO FORMA 3

**CHILD / YOUNG PERSON’S VIEW**

**Pupil Name: D.O.B.**

**Address:**

**School Attended:**

What do you do well in school?

|  |
| --- |
|  |

Is there anything that stops you doing as well as you can at school?

|  |
| --- |
|  |

What has helped you in the past?

|  |
| --- |
|  |

What help do you think you might need in the future?

|  |
| --- |
|  |

Anything else about school you would like to say?

|  |
| --- |
|  |

Signature of pupil: -------------------------------------- Date:-----------------------

Signature of helper: ----------------------------------- Date:-----------------------