## Young Person’s Questionnaire

**Please print your:**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and Date of Birth \_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| **What do people like about you.**  *(Think about: What nice things people say about you?)* |
| **What can you do well?**  *(Think about: What do you think you are good at? What do you find easy?)* |
| **What is important to you now?**  *(Think about: What college course, apprenticeship or qualifications you want? Which people are most important to you? What other things are you interested in? )* |
| **What is important to you for your future?**  (*Think about: What type of job you want to have? Do you want live in your own place? Do you want to be able to drive? Have your own car? Do you want to be in a relationship? Do you want to have children? )* |
| **What is working well for you?**  *(Think about: What you are happy with? Who gives you the most help?)* |
| **What is not working well for you?**  *(Think about: What you find difficult? What you would like to do if you had the right support?)* |
| **How best to support you**  *(Think about: How you prefer to communicate? (e.g. talking to people or using sign or symbols) What help might you need to make decisions? How you like to learn? (e.g. reading about things or doing more practical things yourself) How you like to get more information? What kind of support works best for you?)* |
| **Anything else you want to tell us**  *This can be anything else you would like to say. It may be how you are feeling about your current situation or anything else.* |

**Please add the date you completed this form here \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If not completed by the young person themselves, please tell us who collected this information and how it was collected.**

**Name of person completing this form \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How this information was collected \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**