|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | NC Year: |  |
| Date: |  | Date of Review: |  |
| Name of School or Setting: |  |
| I did this with: |  |

Please use the space below to comment for your Annual Review, you can ask someone to help you if you want

|  |
| --- |
| **What is important to me?****Who is important to me?** |
|  |

|  |
| --- |
| **What do I like about myself?****What do others like about me?** |
|  |

|  |
| --- |
| **What is working well?** |
|  |

|  |
| --- |
| **What could be better?** |
|  |

|  |
| --- |
| **What helps me to learn best?** |
|  |

|  |
| --- |
| **What do I like to do with my time outside of school?** *(clubs, hobbies, community activities)* |
|  |

|  |
| --- |
| **What would you like to achieve?****What would you like to do when you are older?** |
|  |