

Transition Review Young Person's Views

Young Person's Name:

Date of Birth:

1. What subjects do you do best in school? What do you enjoy most?

2. What have you done well in school over the last year?

3. What work has been the hardest for you over the last year?

4. Is there anything you do not like at school at the moment? If there is, what is it?

5. How well do you usually work in class? When do you work best?

Continued overleaf

6. When do you find it hard to work in class?

7. How well do you usually get on with the other young people in school?

8. What do you enjoy doing outside school?

9. What do you want to do better at school next year?

10. Do you have any ideas about what you would like to do when you are older?

(eg. After you are 16 or when you leave school.)

11. Is there any other information you would like to give the review?

(For example, is there anything you can think of that will help you to do better next year?)

Signed: _____

Date:
