Guidance for completing Appendix 1A-Voice of the Child and Young Person Form:

For Parents, Carers and Educational Settings.





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Introduction:

Appendix 1A (Voice of the Child/Young Person Form) and Appendix 1B (Voice of the Parents and Carer's Form) is used to contribute to Section A of an Education, Health and Care Plan (EHCP). It provides your child/young person the opportunity to tell your SEND Officer all about them.

You can find out more about this by visiting Kent's Local Offer.

"Supporting children and young people to achieve; through living healthy, safe lives in which they feel seen and included" (Kent's Practice Framework)

How to use this guidance:

Within each part of the form, we have given you suggestions that your child may choose if they wish. There are blank grey boxes for your child to express their thoughts and ideas if they prefer, by drawing or writing. Comment boxes are also provided to include any further information. Parents, carers and/or educational settings can help by reading the questions or by scribing what your child says.

This form can also be completed electronically, by making selections using the tick boxes provided and comment boxes to type any additional information.

Please remember that this form can be completed in stages. Your child may prefer to fill in some of the information and return to it later. Please try to provide as much information as you can. When the form is completed, please send a copy to your SEND Officer if completed electronically. If completed on paper, please photograph and scan each page to be emailed to the SEND Officer.

If you need further support with completing Appendix 1A, please contact the SENCo at your child's educational setting or Information Advice and Support Kent (<u>iASK)</u>.

Which Appendix 1A form is the right one for my child?

We need advice and information about your child and you as the Education, Health and Care Needs Assessment (EHCNA) process is a person-centred approach which places you and your child or young person at the centre of everything we do.

If an EHC plan is issued, the information you give us will form Section A of the EHC plan. It also provides other professionals who are involved with your child more information about what you and your child would like, to reach their best possible outcomes for their future.

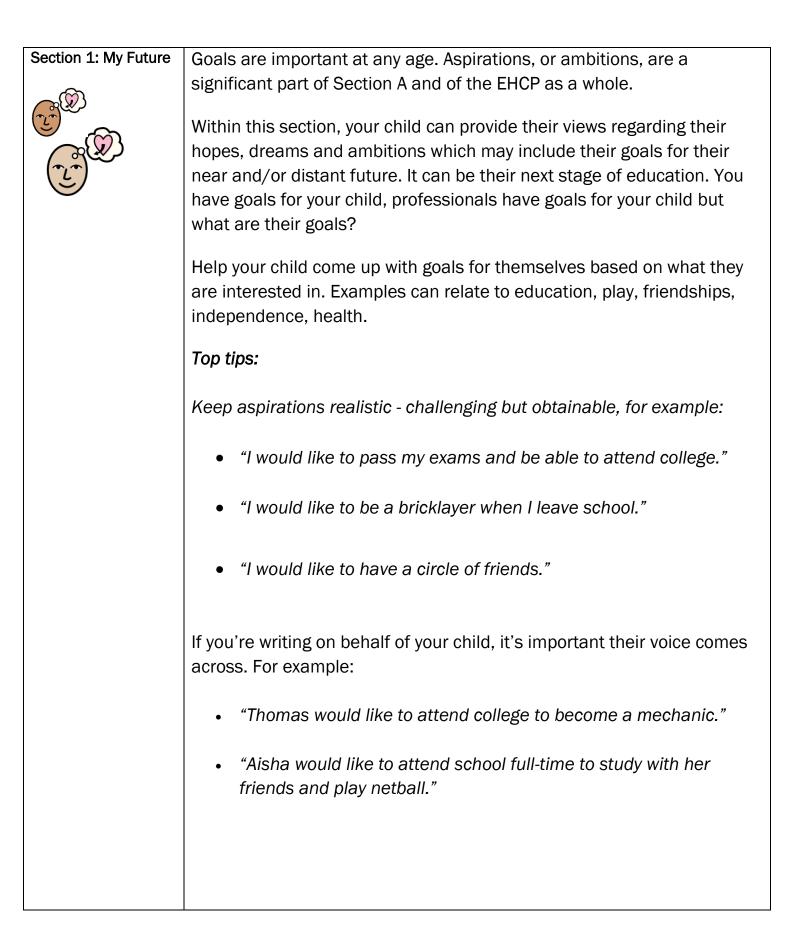
We want to empower our children and young people in Kent to feel listened to and communicate their wants, needs and interests in a way that they are able to understand. So, the SEND Service at Kent County Council has developed four versions of the advice and information form which provides your wishes, views and feelings which we call Appendix 1A.

The table below describes which version of the form is more suitable for your child.

*Schools to use their professional judgement to choose which form is most appropriate for the child/young person.

Pathway 1: Voice of the Child/ Young Person Form	This form is most suitable for children who are working within the Early Years Foundation Stage (EYFS) and/or with children with significant learning difficulties.
Pathway 2: Voice of the Child/Young Person Form	This form may be most suitable, but it is not limited to children working and achieving at KS1 and KS2 levels.
Pathway 3: Voice of the Child/Young Person Form	This form may be most suitable, but it is not limited to children working and achieving at KS3 and KS4 levels.
Pathway 4: Voice of the Young Person	This form may be most suitable, but it is not limited to young people who are Post-16.

TOP TIPS TO COMPLETE APPENDIX 1A:



Section 2: My Independence	In this section, your child can type/write/draw or select the images which help them to develop their independence. For example by:
	 developing their personal skills such as dressing independently, using cutlery or managing their toileting hygiene understanding and knowing their daily routine asking for help, telling you how they feel, what they want or need. Please remember the grey boxes can be used for your child to add their
	own thoughts and/or ideas.
Section 3: My Voice	In this section, your child can type/write/draw or select the images which support their communication. For example by: > talking
	 signing pictures/PECS/symbols/objects of reference/photographs braille voca assistive technology communication/choice boards
	How does your child communicate with you at home and within their educational setting?
	 Consider the best method of communication your child prefers to communicate their choices, basic needs and wants for them to access places, things etc without needing support. Who listens to your child at home? (include information here such as parents/carers/siblings). Who listens to your child at school? (include information here such as class teacher, SENCo, key worker, their friends). Consider who your child speaks to if they are upset or worried
	about something at home and/or within the educational setting.
Section 5: My Health	The images within this section helps your child to develop their understanding of self-care. Your child can type/write/draw or select the images which help to support them with developing and maintaining a healthy lifestyle. For example by:
	 spending time outside each day telling someone when they feel ill keeping screen time within healthy limits staying hydrated trying to eat a variety of foods

	taking prescribed medication
	exercising
	brushing teeth daily
	getting enough sleep
	shower or wash each day
	You can also use this section to include any details about anything that
	is prescribed by professionals for your child e.g. epi-pen, medication for
	ADHD etc.
Section 6: My	Your child can select their preferred way(s) of learning in this section.
Learning	For example:
	·
	outdoor/forest school
	≻ visual
$\left(\frac{L}{L} \right)$	watching videos
	> auditory
	kinaesthetic (practical, hands on)
	 project based
	 working towards EHCP outcomes
	 Play
	 play life skills
	following special interests
	Please remember the grey boxes can be used for your child to add their
	own thoughts and/ideas.
Section 7: My	
Support	In the educational setting that your child attends, your child can
	type/write/draw or select the different ways in which they are supported.
M	For example by:
	thinking time/safe spaces
	 visual timetable/ choice boards
	 visual tilletable/ choice boards ear defenders
	fiddle toys
	motivators
	movement breaks
	buddy/mentor
	social stories
	small steps (chunks to success)
	Discontramember the grow haven can be used for your shild to add their
	Please remember the grey boxes can be used for your child to add their
	own thoughts and/ideas.

Section 8: My Safety	Your child has the option to answer Yes (\checkmark), No (\Join) or Unsure (\checkmark ?) to express whether they feel safe at school (* <i>This section is different for Pathway</i> 1A).
	 Who can help me at home? (You may wish to include information here such as parents/carers/siblings). Who can help me at school? (You may wish to include information here such as class teacher, SENCo, key worker, their friends). Within this section, your child can type/write/draw or select the different ways in which they are taught about their safety. For example, by: <i>following adult's directions</i> <i>to recognise danger</i> <i>self regulation</i> <i>to know what they need to do in an event of an emergency e.g. fire drill</i> <i>road and online safety</i> <i>stranger danger</i> <i>learning about consent;</i> <i>feeling safe within the school environment/local community e.g.</i>
	playground. Please remember the grey boxes can be used for your child to add their own thoughts and/or ideas.
Section 9: My Community	 This section includes suggested activities of what your child may like in or outside of their local community. Your child can type/write/draw or select the different ways in which they are supported. For example: ▶ football, swimming, horse riding, gymnastics, gaming, shopping, socialising, reading ,soft play, dancing, playing music ,cinema, singing ,going to the park and /or trampolining. This section may be visually over stimulating for your child with the range of choices to select from. As you know your child best, feel free to delete the images on the page if using this form electronically.

Section 10: My Quality of Life	For this section, discuss what makes your child happy in their educational setting and at home. Consider:
	 What makes your child happy at school? How do they know when they have had a good day at school? What makes your child happy at home?
	Please remember the grey boxes can be used for your child to add their own thoughts and/ideas.
Section 11: How my	Your child has the option to score out of 3:
setting makes me	
feel:	1 (\checkmark), 2 ($\stackrel{\checkmark}{\times}$?) or 3 (\checkmark) their thoughts and feelings about their setting
	based on our Kent's Outcome Framework.
LE-	
BI	Please select Not Applicable if their annual review meeting has not been
	held yet meeting (the annual review meeting is held within a year after the EHCP of its first issue or from the date of the last review).
Anything else?	Please add in any other information that you or your child would like to include.