

**Specialist Inclusion Team**

**Pupil, School, Parent/Carer Views**

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| **Pupil’s Name** |  |

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| **Pupil’s views:** |
| What are you good at?What do you want help with? |
| **School’s views:** |
| What is your greatest need in teaching this pupil?What would the pupil say was their greatest need?Pupil interests and strengths: |
| **Parent/Carer views:** |
| Your child’s strengths and areas in which your child is most interested:What is **your** biggest concern regarding your child? |