To be completed prior to meeting by ***Young Person*** and ***Designated Teacher. Date of meeting:***

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| --- | --- | --- | --- |
| *Name* |  | *Date of Birth* |  |
| *School / College / Education Provider* |  | *Name of Tutor* |  |
| *Course Studying and Level* |  |
| *Previous School* | Maths GCSE result | English GCSE result |
|  |  |  |
| *How are you getting on at school/college/training?* |
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| *What do you find easy/hard/difficult to manage?* |
|  |
| *Is there someone you can talk to at school /college about any problems/difficulties? If yes who?* |
|  |
| *What subjects if any would you like to improve on at School/college?* |
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| *Who or what could help you do this?* |
|  |
| *Do you have the resources you need for college? Y/N If no what do you need?* |
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| *What would you like to do next year?* |
|  |
| *Have you considered what would you like to do after school or college? (Apprenticeship, university, employment?)* |
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| *Are there any careers or opportunites you would like to find out more about?* |
|  |
| *Do you have any other plans for the future?* |
|  |

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| --- | --- |
| *Is there anything else you wish to discuss?*  |  |
|  |
| *Is there anything you need help with?* |  |
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| *Notes or anything else you would like to add....* |