

Pupil Perspective Interview



Name:		Date:	
Date of Birth:		Review Date:	
Year Group:		School on Roll:	

About Me

Information about the child

Likes	Dislikes
What I like to do at Home	What I enjoy at School

About Me

Information about the child



Things I am good at	Things I would like to get better at
Activities I enjoy doing	Things I would like help with

Intervention Required:		Start Date:	
Number of Sessions:		End Date:	
Details of Intervention		Private/School	