

All About Me

|  |
| --- |
| **Insert photo here** |

My name is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I live with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

At home our language is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

These people help to look after me: \_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Communication and Interaction | Cognition and Learning | Emotional, Social and Mental Health | Sensory and/ or physical | Health |

|  |
| --- |
| Areas of Need (highlight as appropriate)  What I like to do: |

What helps me to learn (useful strategies):

What I find difficult (barriers to learning):

What I can do and what I need

Communication, how I make my needs known:

My sensory needs:

What my family would like you to know about me:

My physical and toileting needs:

My emotional needs

Any medical needs or feeding needs:

|  |  |  |
| --- | --- | --- |
| Professional  involvement | Contact Details  Email and telephone | Report  attached |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

People who help me

EHCP: yes/no EAL: yes/no

SEN Support: yes/no LAC: yes/no

EHAP: yes/no

Health visitor involved: yes/no

Other additional information about me:

|  |  |  |
| --- | --- | --- |
| Form Completed by: | Date: | Job Title |

