

All About Me

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| **Insert photo here** |

|  |  |  |
| --- | --- | --- |
| Professional involvement | Contact DetailsEmail and telephone | Report attached |
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|   |   |   |
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| --- | --- | --- |
| Form Completed by:  | Date: | Job Title: |

EAL: yes/no EHAP: yes/no

SEN Support: yes/no LAC: yes/no

Health Visitor involved yes/no

Other additional information about me:

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

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

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

These people help to look after me:

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

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

|  |
| --- |
| Areas of Need (highlight as appropriate) |

What I can do and what I need:

What I like to do:





What helps me to learn (useful strategies):

Things my family want you to know about me:

What I find difficult (barriers to learning):