All about me

# This is me!

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| Full name  |  | Date of birth |  |
| Family Contact address |  | Parent/carers names  |  |
| Gender |  | Please list anyone else with parental responsibility and the relationship to the young person (eg step-dad) |  |
| Landline Telephone |  |
| Mobile Telephone |  |
| Email |  | Brothers and Sisters |  |
| NHS number |  |
| School Name (or other Educational Setting) |  | Language used at home |  |
| *Please tell us as much information as you can to help us learn about you.* *Note to parents/carers:**The information overleaf should be completed as much as possible in the child’s own voice.* *If you are filling this in on behalf of the child/young person, please use the parent/carer box to make it clear which are your views and which are the young persons.*  |

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| **My Story** *young person’s history/background – age, who you live with, history of assessments, diagnosis and support in place, school history, details about play, health, school, independence, friendship, further education and education plans (if appropriate)* |
| **Young person’s voice** |
| **Parent/Carer voice** |
| **How do I communicate?** *summary of how the young person communicates, prefers to communicate, summary of how to communicate with the young person and engage them in decision making* |
| **Young person’s voice** |
| **Parent/Carer voice** |

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| **What do people like or admire about me?** *positive comments about the young person (identify whose view, where they came from eg. review/school report/friend)* |
| **Young person’s voice** |
| **Parent/Carer voice** |
| **What is important to me, now and in the future** *aspirations and goals (both young person and parent/carer) – preparing for adulthood, views on paid employment, independent living and community participation* |
| **Young person’s voice** |
| **Parent/Carer voice** |

**Additional Information –** *if there is anything else which you would like to tell us, please do so in the box below.*