**My Views for my EHC Needs Assessment**

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| --- | --- | --- |
| My name |  | I am years old |

|  |  |
| --- | --- |
| I like to be known as |  |

|  |  |
| --- | --- |
| My school |  |

We would like to find out about you, what you like to do and what you would like to do in the future.

We would also like to find out about things that you find hard or difficult to do, and what you think might help to make those things easier.

You can tell us about yourself in any way you like. You can fill in this form but also you may want to draw a picture, talk to us, make a recording or ask someone else to speak on your behalf. Anyone can help you with this.

We will use the information in your Education, Health and Care Plan if you need one.

Please think about these things:

**About Me**

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| --- |
| **What I like doing:** |
| **At school**  **At home**  **With friends** |

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| --- |
| **How I communicate with other people:** |
| If it helps, think about how you tell people if you are happy or sad  Do you use anything to help you communicate eg pictures, symbols, signs? |

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| **What I can do well:** |
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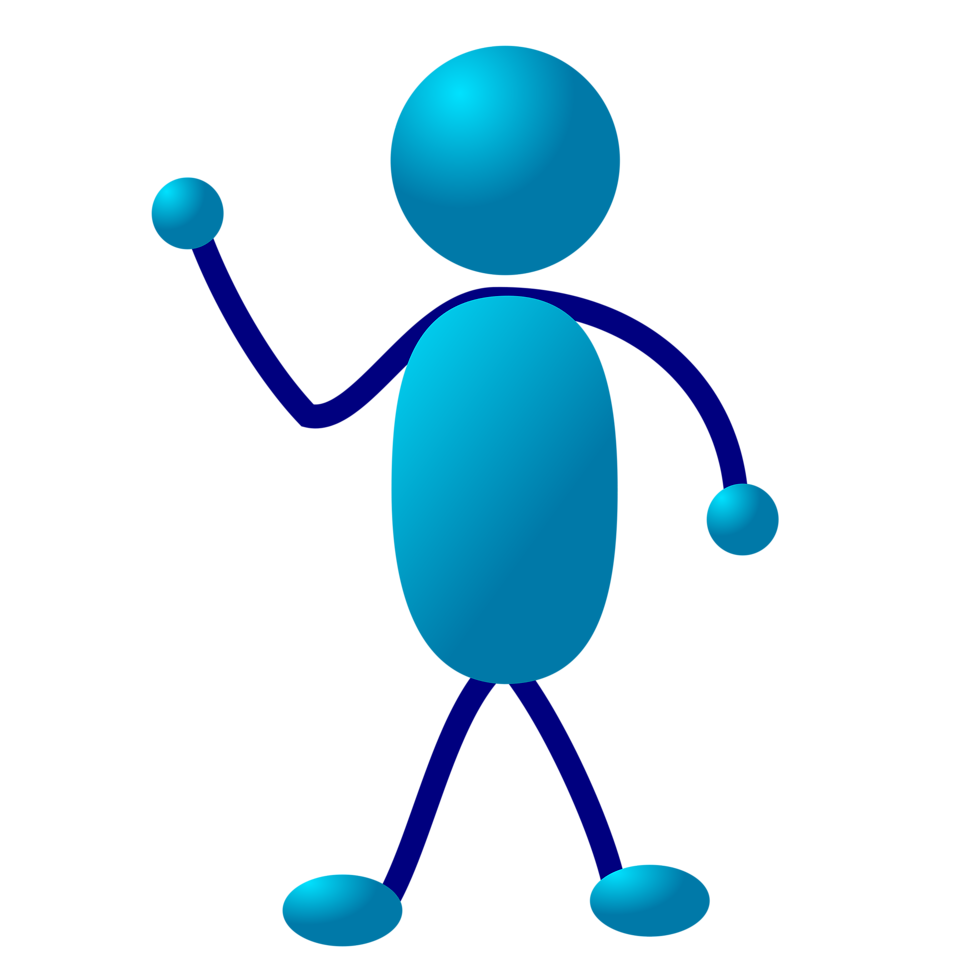
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| **What I like about me:** |
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| **What other people like about me:** |
| You can use words or pictures to describe what people say they like and admire about you. |

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| **My friends and family, and other people who are important to me:** |
| Me  Home  School  Where I live  Other people who help me  You can write the names of people who are important to you on this diagram. People who are very close to you should go close to the middle, and other people can go further out. You can also put **things** that are very important to you on here.  Or you can write their names (and who they are) here: |

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| **What I want to do in the future:** |
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**If you are at school, can you think of any words to describe your thoughts and feelings about it?**



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| **Can you tell us any more about that? Why did you pick those words?** |
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| **Is there anything you find difficult now that you would like to get better at?** |
| Is there anything that you think could help you with this? |

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| **Other things I would like to say:** |
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| --- |
| ...………………………………………………………. helped me to write this  They are my…………………………………………. (e.g parent, carer, teacher, support in school, friend etc) |
| Signed by me ……………………………………………. Date………………………..    Signed by the person who helped me……………………………………………. Date………………………..  Please print name(s)..................................................................................................... |