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| --- |
| ***Insert* *Child’s Name*** **All About Me(My views, feelings and wishes)** |

**Request for Education, Health and Care Plan needs assessment
Child Contribution (Early Years)**

**This document should be completed with or by the child so that that their views, wishes, feelings and aspirations are considered.**

**Children and young people are more than welcome to design and decorate their own format for sharing this information.   Please note that these may not copy and print as well.**

**For a child who may not be able to express their own views parents and/or other familiar adults should represent the voice of the child using their observations, knowledge and understanding of his/her Interests, behaviour, communication methods and attributes.**

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| **What I like to do and what I am good at:** |

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| --- |
| **Please don’t/What upsets me/I don’t like/what comforts me:** |

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| --- |
| **What is important to me:** |

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| --- |
| **What you may need to know about me:** |

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| --- |
| **Independence - what I can do by myself:** |

|  |
| --- |
| **What I would like to be able to do in the future/what I would like to do myself/what would I like to be able to do when I get to school:**  |

**Please return this form, together with all supporting/additional documents to:**

**0-25 SEND Service**

**Floor 2, Zone D**

**Bernard Weatherill House**

**8 Mint Walk**

**Croydon CR0 1EA**

**For more help and assistance completing this form please contact:**

**SENDIASS - KIDS**

**Helpline: 020 8663 5630**

**Email:** **Croydon@kids.org.uk**

**Web:** [**www.kids.org.uk**](http://www.kids.org.uk)

**For office use only:**

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| --- | --- |
| Date Received: | Response due by: |
| Officer: | Panel Date: |