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

**Request for Education, Health and Care Needs Assessment
Pupils Contribution (Secondary)**

**This document should be completed with or by the child or young person 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 or young person 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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| --- |
| **Write your name/ draw yourself here:**  |

|  |
| --- |
| **The things that I am good at:** |

|  |
| --- |
| **Things I would like to be better at (school, home, personal skills):** |

|  |
| --- |
| **People who are important to me:** |

**The things I can do by myself and the things I needs help with:**

|  |
| --- |
| **How I like people to help me:** |

|  |
| --- |
| **How I tell people what I want and how I feel:** |

|  |
| --- |
| **What I would like to do in the future:**  |

|  |
| --- |
| **The things that will help me succeed:** |

|  |
| --- |
| **Things I would like to be better at (school, home, personal skills):** |

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

**0-25 SEND Service**

**Floor 4, Zone A**

**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:**

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