|  |
| --- |
| **Young person’s/Adult’s view:**  ***Insert Young Person’s/Adult’s Name* One Page Profile** |

**Request for Education, Health and Care Plan Assessment  
Young person’s/Adult’s Contribution (Post 16)**

**This document is required to be completed by the young person/adult in order that their views, wishes and feelings and aspirations are included. Young people and adults are more than welcome to design and decorate their one page profile with pictures and designs of their choosing. Please note that these may not copy and print as well as any original design work**

|  |
| --- |
| **Write your name/ draw yourself here:** |

|  |
| --- |
| **My strengths are:** |

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

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

**How I like to communicate:**

|  |
| --- |
| **The job I would like to do:** |

|  |
| --- |
| **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**](mailto: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: |