

# 'ALL ABOUT ME' BOOK

Inclusion Works, Early Years Service



**Parents / carers** please ensure that you complete each section of this document as comprehensively as possible, indicating your child's strengths and any areas where you feel they may need additional support. This information will be used to assist the setting and the Inclusion Worker to support your child and to ensure that their needs are met.

**Inclusion Workers** please ensure that this document is kept in a secure place and you return it to an Inclusion Works team member when you attend the meet and greet meeting.

**Holiday and leisure activity Managers** please ensure that this document is kept in a secure place and is destroyed if the young person no longer attends your club.

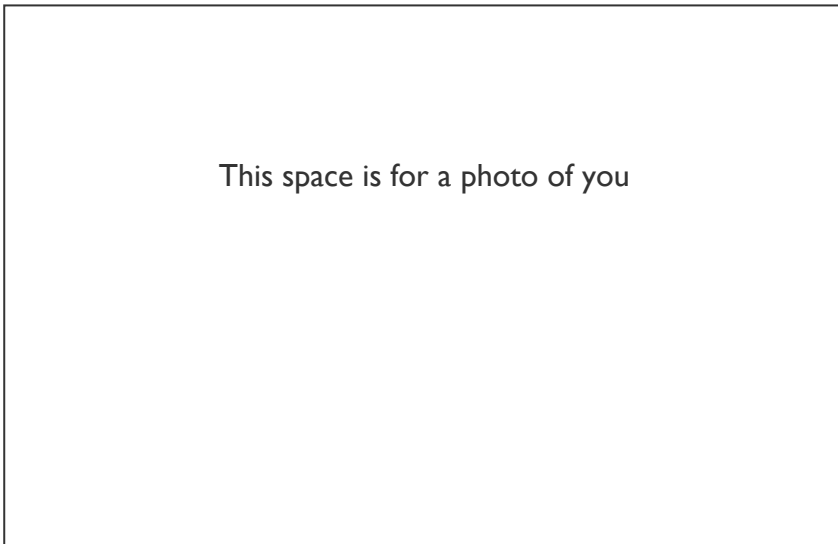
This booklet will tell you all about me

My name is:

.....

My date of birth is:

.....



**Please return to:**

Inclusion Works, Early Years Service,

Services for Children and Young People, Plymouth City Council, Plymouth, PL1 2A

The people who live in my house are:

I have a pet (s) \_\_\_\_\_ called \_\_\_\_\_

Other people who are important to me are:

I go to school/college (or another centre) at:

My main area of need is;

I have a diagnosis of:

I have / have not got a CAF action plan

## Communication

I can express myself through (please circle):

- Spoken language
- facial expressions
- movements
- sounds
- gestures
- signs or symbols

**Please circle your answer in the boxes to the questions:**

I have a good understanding of language	Yes	No	Sometimes
I take language quite literally	Yes	No	Sometimes
I need language to be broken down	Yes	No	Sometimes
I need time to process language	Yes	No	Sometimes
I do not like to look at you when I am talking to you or listening to what you are saying	Yes	No	Sometimes
I will need a visual time table to help plan my day	Yes	No	Sometimes
I will need a social story to help me access new activities	Yes	No	Sometimes
I use Picture Exchange Communication System (PECS)	Yes	No	Sometimes

to communicate

I use an electronic aid

Yes No Sometimes

I can communicate how I am feeling

Yes No Sometimes

Other things you may need to know about how I communicate:

Things I may do if you cannot understand me:

Things you could do to help me are:

## Social interaction

I am able to interact with my peers Yes No Sometimes

I am able to interact with known adults Yes No Sometimes

I am happy with my own company Yes No Sometimes

I prefer to be in small groups Yes No Sometimes

I like my own space Yes No Sometimes

I am aware of other's personal space Yes No Sometimes

Other things you may need to know about how I interact:

Things I may do if I cannot interact with others:

Things you could do to help me are:

## Sensory

I can tolerate noisy places	Yes	No	Sometimes
I like to know where I can go if I get stressed	Yes	No	Sometimes
I am aware of how to keep myself safe	Yes	No	Sometimes
I am aware if I get too hot or too cold	Yes	No	Sometimes
I enjoy a variety of foods	Yes	No	Sometimes
I tolerate a variety of fabrics	Yes	No	Sometimes
I tolerate a variety of smells	Yes	No	Sometimes
I have good vision	Yes	No	Sometimes
I have good hearing	Yes	No	Sometimes
I will be able to tell you if I am in pain	Yes	No	Sometimes



Other things you may need to know if the environment gets too much for me:

Things you could do to help me are:

## Physical

I am able to walk unaided	Yes	No	Sometimes
I am a wheelchair user	Yes	No	Sometimes
I am able to weight bear	Yes	No	Sometimes
I use a hoist	Yes	No	Sometimes
I use a plinth	Yes	No	Sometimes
I will need an adapted toilet	Yes	No	Sometimes
I will need support with personal care	Yes	No	Sometimes
I have a care plan	Yes	No	

Things you could do to help me are:

## Health

I am allergic to:

My medical needs are:

The medication I take is:

The times I take it are:

## Diet

I am able to eat independently	Yes	No	Sometimes
--------------------------------	-----	----	-----------

I am able to drink independently	Yes	No	Sometimes
----------------------------------	-----	----	-----------

Things you can do to help me are:

## **Emotions/Feelings**

I can be fearful of:

If I become stressed you can comfort me by:

Other things which may be helpful to know about me:

## **Other things which will help you to get to know me**

My special interests are:

My favourite, games and activities are:

The things I do not like to do are:

**Data Protection Statement**

Personal information that you provide will be held securely and will only be shared with Plymouth City Council, Inclusion Workers and provision staff (where applicable). The information provided in this booklet will only be used to provide appropriate support for your child. Anonymous statistical information may be passed to the Department for Children Schools and Families (DCSF). The Data Controller for Plymouth City Council is the Corporate Information Manager based at the Civic Centre, telephone 01752 304067.

**Consent for parent/carer to complete**

The information in this booklet will be shared with an Inclusion Worker and provision staff to ensure your needs are met.

I do / I do not / we do / we do not (delete as appropriate) give consent to my child's / young person's 'All About Me' booklet being shared with the Inclusion Worker and the provision they will be attending.

Parent/carer signature .....

Child / Young person signature .....

Date .....

**For Office use:**

Date form received.....Signed .....