

About me: (Insert name)

My date of birth: (Insert)

Let me introduce myself	A photo of me

Important people in my life

What I am good at/my strengths

Things I want to get better at/hopes for the future

My specific learning difficulty

How you can help me	How I can help myself
---------------------	-----------------------

--	--

About me: (Insert name)

My date of birth: (Insert)

Communication and social interaction •	Communication and social interaction •
Self-help/independence •	Self-help/independence •
Sensory and/or physical needs •	Sensory and/or physical needs •
Particular dislikes/ triggers that create additional stress and anxiety •	Particular dislikes/ triggers that create additional stress and anxiety •

Specific medical condition(s)	
<i>Significant risks such as food allergies, epilepsy or diabetes to be flagged in red.</i>	
Epilepsy: Yes/No	Emergency Meds: Yes/No
Known allergies	Additional notes

Eating methods/equipment	Dietary requirements
Support requirements	Recreation requirements

Personal care needs

About me: (Insert name)

My date of birth: (Insert)

If this section is not relevant, delete.

Level of supervision (x as appropriate)

Independent		Dependent	
Independent with supervision			

Independence notes

Additional supporting documents (x as appropriate)

If this section is not relevant, delete.

Communication Passport		Moving and Handling Risk Assessment	
Anxiety Plan		Individual Risk Assessment	
EHCP		MOVE Programme	
Personal Care Plan		Other (please specify)	

Examination access arrangements (x as appropriate)

Examination access arrangements are applied for by educational organisations on behalf of students with special educational needs, disabilities or temporary injuries. They include requesting modified question papers, extra time and permission for an individual to sit an exam in a separate room. Indicate below whether such arrangements have been successfully applied for and used by the young person.

Yes	
No	

Form completed by:

With the help of:

Date: