**Guidance page:**

This form will be used to help your education health care coordinator complete Section A. It may also be used to help other professionals get to know you. You do not have to answer all the questions but please do answer those with this sign \*

If you need extra guidance, forms, a screen reader or braille version please use this link: [www.hertfordshire.gov.uk/thisisme](https://eur02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.hertfordshire.gov.uk%2Fthisisme&data=05%7C02%7CSarah.Stevens2%40hertfordshire.gov.uk%7Cdd1a0f233b5e46bca2b008dc742b8cd3%7C53e92c3666174e71a989dd739ad32a4d%7C0%7C0%7C638512977594039144%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=Gi5AMZS%2FNkIxGG0TgrWhWDvidQzXFWDtF1S6M%2FdEpr0%3D&reserved=0)

Please make it clear if you, the child / young person wrote this or if an adult supporting, please make clear how the views were collected, by whom and when.

*If you are an adult supporting a child / young person to complete this form, always remember this plan belongs to the child or young person. IT IS THEIR PLAN. THEIR STORY. WE ARE TO SUPPORT THEM. THEY HAVE THE RIGHT TO KNOW / READ / SEE WHATEVER IS WRITTEN IN THEIR PLAN.*

**Possible Creative Ideas to capture views:**

Visual observations and written notes

Use of video recording - don’t forget to share link and please ensure a transcript is available for use.

Books and photographs to prompt discussions

Puppets/dolls/small world play/avatars

Questioning / Adaptive technology

Music / Artwork / Drawing / Poetry

Music/ Art work / Drawings

Story writing – can provide a ‘space’ between the child or young person’s internal world and external reality .

Using adaptive technology.

**Consent:** Remember, we want to make sure that all professionals who are involved in supporting you / your child are aware of your / your child’s views and unique requirements. It is therefore important that this document is shared with, school / education, those providing statutory advice e.g., educational psychologist, social care and health providers, as well as the education health and care plan coordinator. Please make sure that the consent has been completed at the bottom of the grid to ensure that all professionals can learn more about you /the child / young person’s views.

**More Guidance in the response column below**

**When used for EHCP please return appended in section K of the EHCP plan**

|  |  |
| --- | --- |
| **Question** | **Response (guidance notes in grey which can be deleted)** |
| **My Name is** \* |  |
| **I like to be called** \* |  |
| **First EHCP or annual review** \* |  |
| **Add a Picture or self portrait of yourself** \* | (Insert Image here if using word – or add a separate page) |
| How I would describe myself - **‘shy’ ‘funny’ ‘cheeky’ etc** \* | (Don’t forget you can take pictures for this, do drawings, identify feelings on a communication board, put a video link on here with transcript)What would your family and friends say that they like about you? |
| The important people in my life are \* | (Insert names or drawings here – don’t forget if you use a name make sure to include the relationship to you / the child e.g. Ra ra is older brother)Who do you live with?What do you enjoy doing with your family? Who helps you? Who do you talk to? Why are they important?Who are you friends? Do you find friendships difficult? |
| The important pets/ animals in my life are | Do you have any pets? Are they a pet or a therapy animal? |
| My favourite things to do are | What makes you happy?What are your favourite activities or games?Do you go to any clubs?Where are your favourite places to visit?Do you enjoy spending time with friends? |
| My favourite thing to watch or listen to is |  |
| The foods I like the most & least are |  |
| The best time of the day to meet me is \* |  |
| The best way to communicate with me is \* | (Talking, sign language, communication board, braille, play) |
| My behaviours when I’m feeling overwhelmed can be |  |
| Professionals may know me better if they knew | Professionals (school, social work, health, youth worker)What helps you at school with things you find difficult?How can adults help you?What helps you to feel safe and happy?What can other people do to make your day easier?What technology helps you? |
| My Feelings about education are | What are you good at, at school / college / nursery / home education?Are you good at any activities?Do you find certain times at school the hardest, for example at break or lunch times?Do you enjoy school? Do you need anything to help you access school or education?Is there anything that you find difficult at school?Are you ever asked to do something that you feel you can’t do?What do you need to help you achieve? |
| **In the next year I am looking forward to** | Short or long term aims. What would you and your family like to be able to do/ achieve? i.e., Day trips/holidays?What is difficult, or not possible now which you would like to see improve in the future? Think about your annual plan. What can be included here that can be celebrated next year? |
| **My goals in the future are** | [PfA-Outcomes-Framework.pdf (ndti.org.uk)](https://www.ndti.org.uk/assets/files/PfA-Outcomes-Framework.pdf) Helpful document for all ages on preparing for adulthood. |
| **I am good at** | Are you good at any activities? What do you enjoy? Rember you can share this on a video, through pictures, drawing etc.  |
| Consent:Child / young person: Please check the form and when happy sign and date to show you are happy for this to be shared. Adult: Please discuss this form with the child / young person. Explain how it will be shared and why. Then please ensure you sign consent as the adult. Ask the child if they would like to sign and help them to do so with adaptive technology if required. Parent / Carer signature also required. If under 16 or in line with [mental capacity act](https://www.nhs.uk/conditions/social-care-and-support-guide/making-decisions-for-someone-else/mental-capacity-act/) | Child/ Young Person and / or Adult I give consent for my This is Me form to be shared with other professionals involved in preparing my plan and to signpost to supporting agencies.Childs name: Childs Signature:Adults’ name / relationship to child: Adults Signature:Date:Remember that **information sharing is crucial**. This supports the ‘Golden Thread’ of information about you /the child or young person and supports all professionals in working with you / the child / young person and their parent / carers. It will support the effective gathering of information to ensure any plan which follows reflects accurately your / the child / young person’s needs.  |