

**All About Me Profile**

**SEN and Disability**

**GUIDANCE**

1. **Please write in the first person; text boxes will expand as you type.**
2. **Please make clear if the child or young person is being quoted directly or the views of the parents/carers or professionals are being represented.**
3. **This document should fulfil the "tell the story once" approach for families.**
4. **The "All About Me" profile must be done with the child or young person and their parent(s)/carer(s) and countersigned that this has been completed in partnership.**
5. **Please do not specify provision – e.g. 1:1 support, amount of therapy provision, specialist nursing support etc. - this is addressed in Section Two of the Education Health and Care Plan for eligible children and young people.**
6. **Completed "All About Me" profiles will be used to inform the co-ordinated assessment to transfer Statements of SEN and/or Learning Difficulty Assessments (LDA) to Education Health and Care (EHC) Plans; completion of this profile does not automatically lead to an EHC Plan for the child/young person. For those who do not progress to EHC Plans, the "All About Me" profile will be used to agree the SEN Support Plan where additional and different needs can be met from resources within the setting/school/college.**
7. **The "All About Me" profile should be completed for all children and young people who have a Statement of SEN including those who may be in transition to other provision. (E.g. transitions from nursery to primary school, primary to secondary (Y6-7), secondary to college/sixth form/employment/training, college to employment/training etc.)**
8. **When complete the document should be saved in the following format:**

**AAMP-SURNAME-FIRSTNAME-DOB (DOB = Date of Birth)**

**e.g. AAMP-SMITH-JANE-010708**

1. **Please return the completed form by email to:** [**IDSS.SENDReforms@lancashire.gov.uk**](mailto:IDSS.SENDReforms@lancashire.gov.uk)

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**Photograph**

**Optional**

(parental consent required)

**ALL ABOUT ME PROFILE**

|  |  |
| --- | --- |
| **My full name is** |  |
| **I like to be known as** |  |
| **I was born on** |  |

**ME: PEN PICTURE**

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| **What is important to me:** |
| * How I communicate * What I like to do * How I stay healthy * What is important to me in nursery/school/college life * What I like to do through my social activities and involvement in my local community |
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| **What is important for me:** |
| * Critical things you need to know about my health, well-being and behaviour * What I/you need to do to keep me safe * How people communicate with me * How I want to communicate with others * How I want to involved in making decisions about me |
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| **How best to support me:** |
| * What support I need to make progress in my education * What support I need to access community activities * What support I need to stay healthy and safe * How I want to be supported * What support I need to make decisions |
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| **My life aspirations:** |
| * My wishes, aspirations and goals for the future (E.g. information about what I like/would like to play, my health, my schooling, my independence, my friendships, my further education and my future plans including employment where practical and relevant) |
|  |

**MY FAMILY – PEN PICTURE**

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| **Our child's story so far:** |
| * Explaining our child's story so far (E.g. premature birth, relevant medical history, other, etc.) * Explaining our family (E.g. who are our child's parents/carers? For some children and young people - who our child lives with or where if outside the family home?) * Who are the siblings in the family and the nature of their relationships with the child/young person * Are there extended family members who support the family and in what way? * Explaining relevant issues about parent(s)'/carer(s)' work arrangements which impact on care for our child * Explaining relevant issues about friends/relationships for our child with others |
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| **What is important to our family now:** |
| * What matters to me/us now around my/our child's health * What matters to me/us now for my/our child's education and learning (for life and work) * What is important to me/us now about my/our child's friendships, relationships and being part of the community * What matters to me/us now to enable appropriate support (by myself/ourselves and others) for my/our child to be as independent as possible * What is important to keep my/our child safe now |
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| **What our family want our child to achieve in the future:** |
| * My/our wishes, aspirations and goals for the future for my/our child * What I/we wish for around my/our child's health in future * What I/we wish for my/our child's education and learning (for life and work) in future * What I/we wish for my/our child's friendships, relationships and being part of the community in future * What I/we wish for to enable appropriate support (by myself/ourselves and others) for my/our child to be as independent as possible in future * What is important to keep my/our child safe in future |
|  |

**PERSONAL INFORMATION**

|  |  |
| --- | --- |
| **Full Name** |  |
| **Date of Birth** |  |
| **My contact address** |  |
| **My telephone number** |  |
| **My e-mail address** |  |
| **Parents’ / Carers’ Names** |  |
| **Family Contact Address (if different from above)** |  |
| **Family Contact numbers (if different from above)** |  |
| **Family e-mail address (if different from above)** |  |

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| --- | --- |
| **Current or most recent setting, school college or other** |  |

**PEOPLE WHO SUPPORT ME**

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| --- | --- | --- | --- |
| **Name:** | **Role that they play (Name of organisation where appropriate):** | **Email:** | **Telephone:** |
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**CONSENT**

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| --- | --- | --- | --- |
|  | **Signed:** | **Print Name:** | **Date:** |
| **The child/young person agrees with what has been written** |  |  |  |
| **The family agree with what has been written** |  |  |  |
| **The Setting/ School/ College agree with what has been written** |  |  |  |

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AAMP-SURNAME-FIRSTNAME-DOB

eg AAMP-SMITH-JANE-010708

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