



Derby City Council

My Life, My Journey

Getting to know me

Three Things About Me

Name

Age

Today's Date

A. Getting To Know Me

Family / Home

Things I like



- .
- .
- .

Why?

Things I don't like



- .
- .
- .

Why?

Things I'd like to change

- .
- .
- .

Things I'd like to stay the same

- .
- .
- .

B. Getting To Know Me

Friends

Things I like



- .
- .
- .

Why?

Things I don't like



- .
- .
- .

Why?

Things I'd like to change

- .
- .
- .

Things I'd like to stay the same

- .
- .
- .

C. Getting To Know Me

Feelings

Things that make me HAPPY



- .
- .
- .

Why?

Things that make me SAD



- .
- .
- .

Why?

FUN things



- .
- .
- .

Why?

Things that make me WORRIED



- .
- .
- .

Why?

Is there anything else you'd like to tell us about how you are feeling? Use the feelings cards / photos.

D. Getting To Know Me

Me at My Best

Things I do well



- .
- .
- .

Why?

Things I am proud of



- .
- .
- .

Why?

Things I don't do well / I don't like to do



- .
- .
- .

Why?

Things I'd like to do better



- .
- .
- .

Why?

How are you feeling today?

Happy



Sad



Excited



Sick



Tired



Bored



Confused



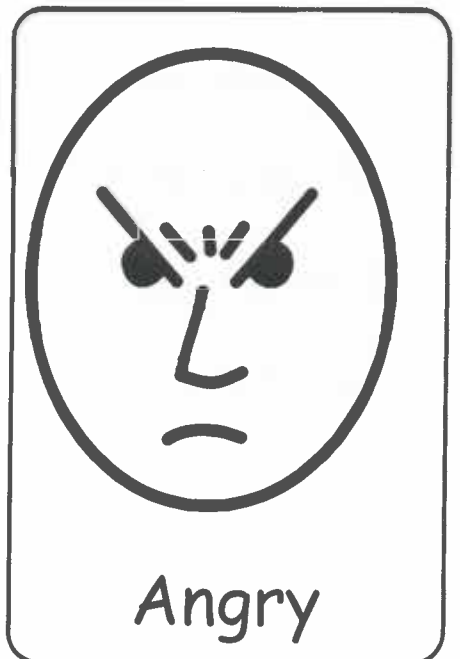
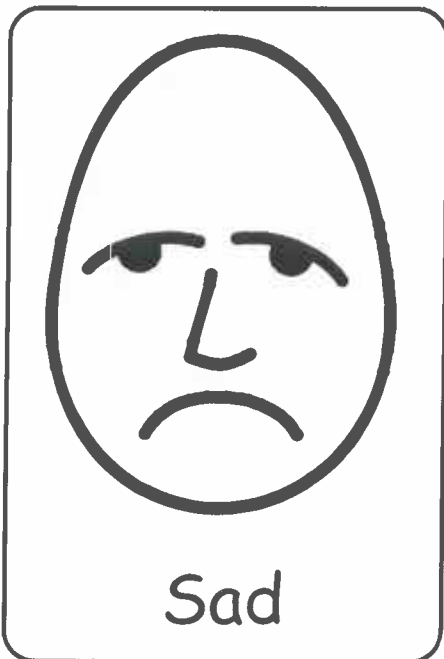
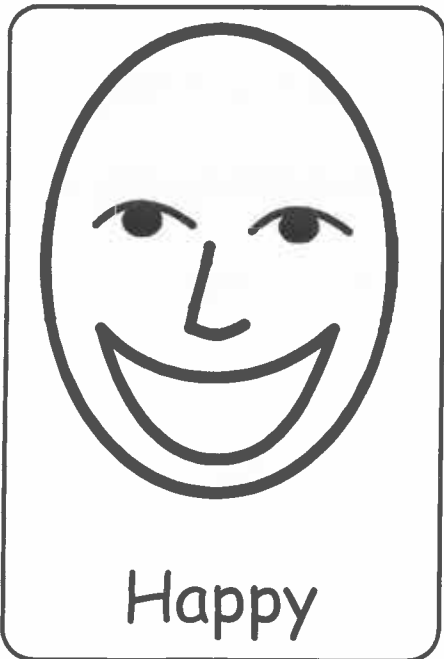
Angry



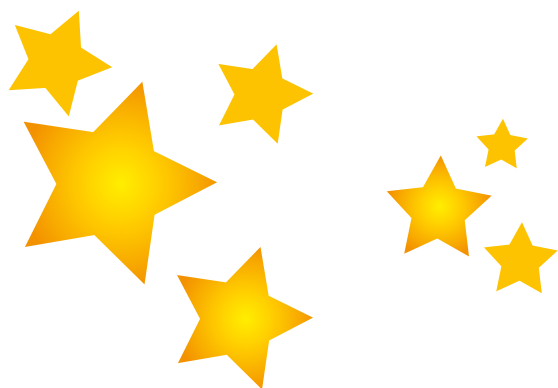
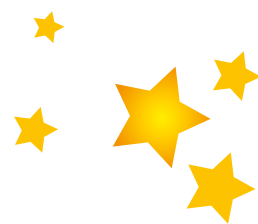
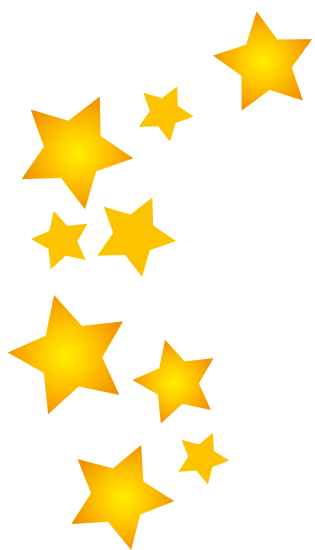
Frustrated



How are you feeling today?



This is what I would
change by waving my
magic wand



This is Me

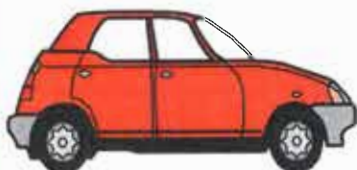
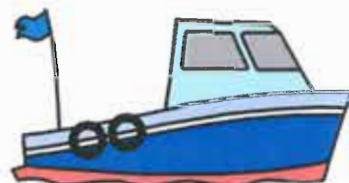
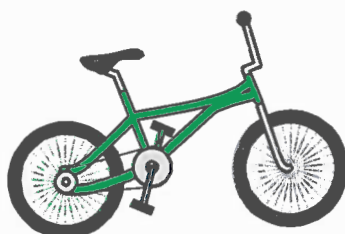
I have lots of strengths and talents, including;

- | | |
|--|--|
| <input type="checkbox"/> Reading | <input type="checkbox"/> Stories |
| <input type="checkbox"/> Spelling | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Writing | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Drawing and art work | <input type="checkbox"/> Cooking |
| <input type="checkbox"/> Computers | <input type="checkbox"/> Cleaning |
| <input type="checkbox"/> Computer games | <input type="checkbox"/> Tidying up |
| <input type="checkbox"/> Maths and numbers | <input type="checkbox"/> Putting things in order |
| <input type="checkbox"/> Remembering things | <input type="checkbox"/> Mechanical things |
| <input type="checkbox"/> Music | <input type="checkbox"/> Making things |
| <input type="checkbox"/> Facts about my favourite thing, which is; | <input type="checkbox"/> What else? |

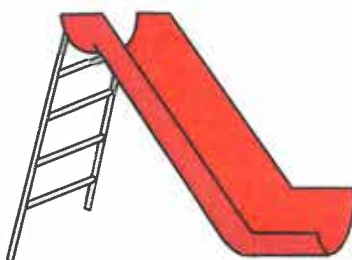
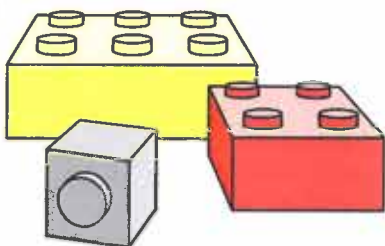
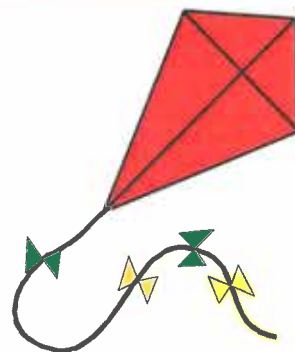
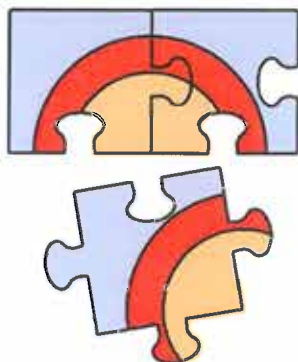
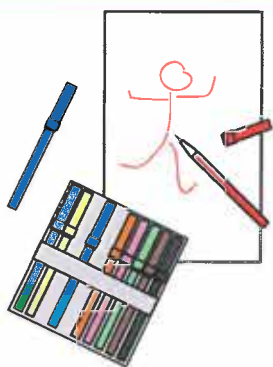
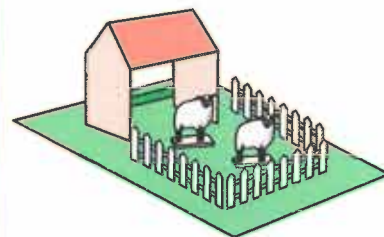
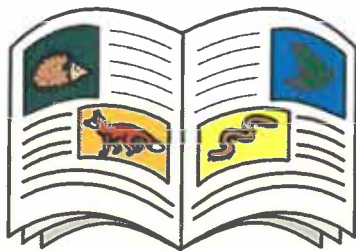
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

I will tick the things that are true for me

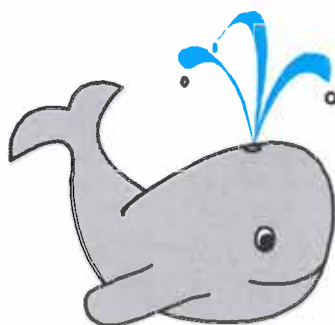
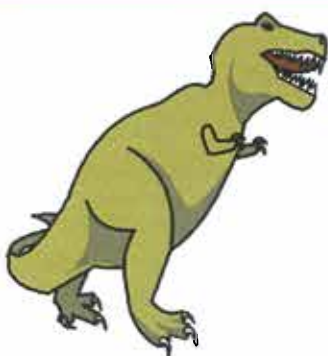
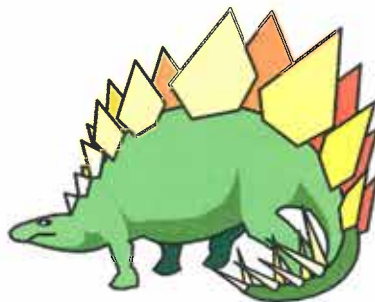
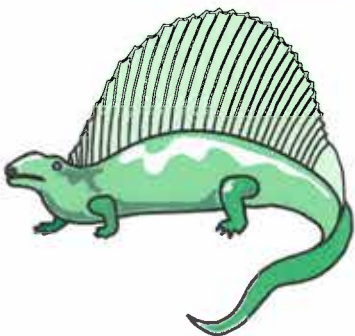
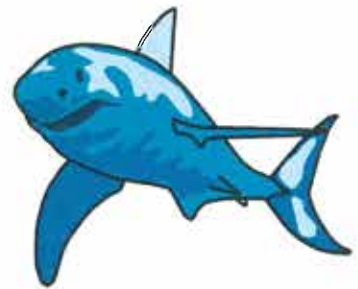
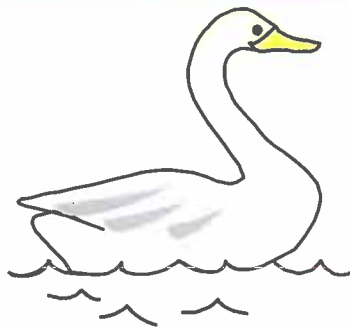
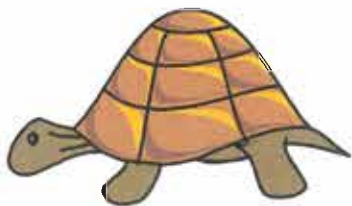
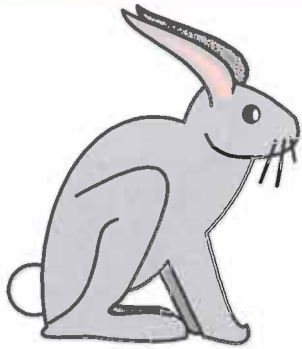
Communicate in Print Images



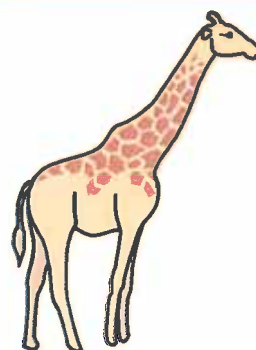
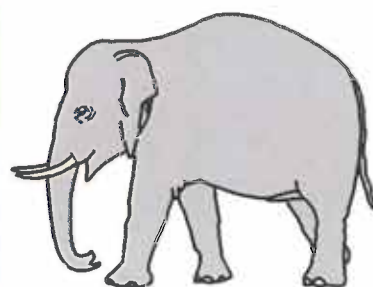
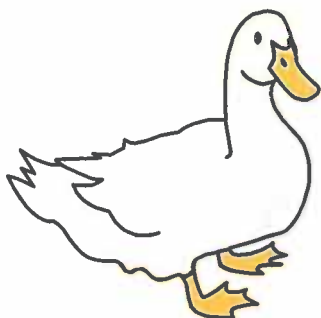
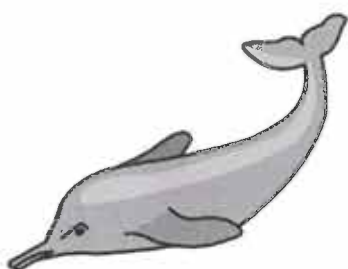
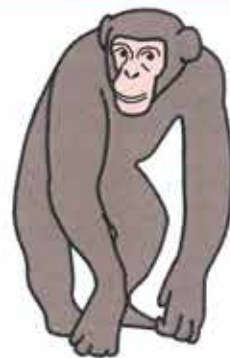
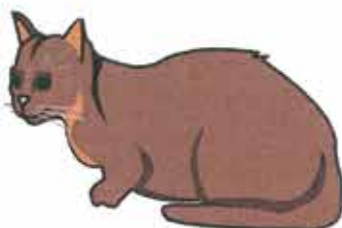
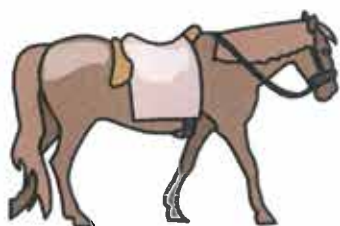
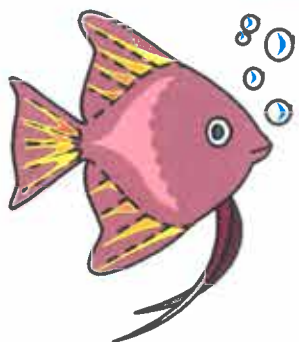
Communicate in Print Images



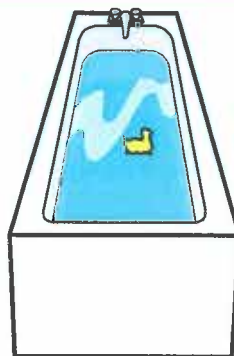
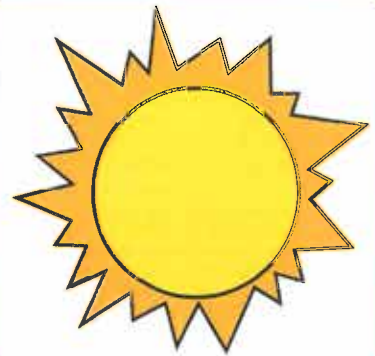
Communicate in Print Images



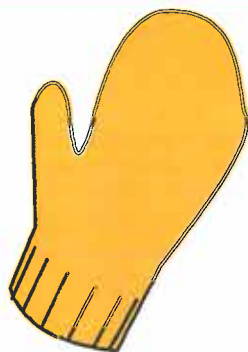
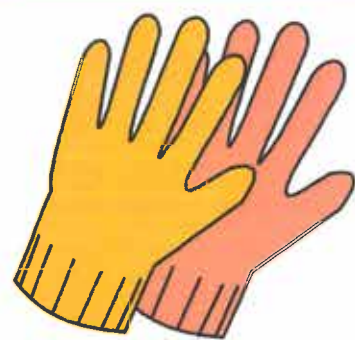
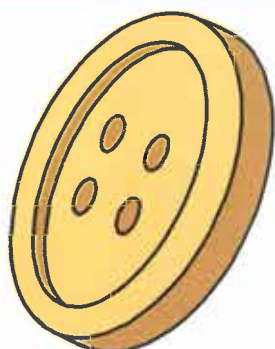
Communicate in Print Images



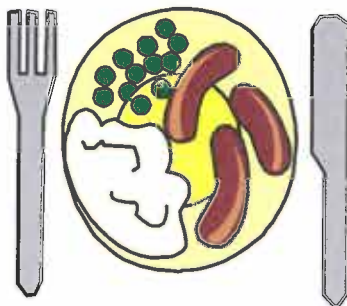
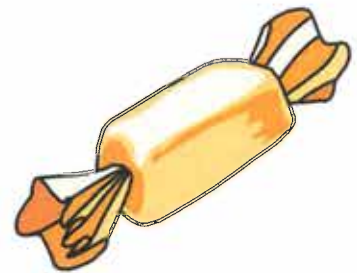
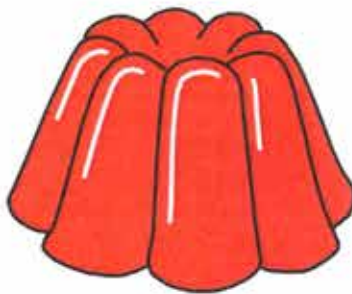
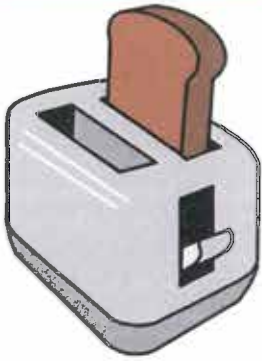
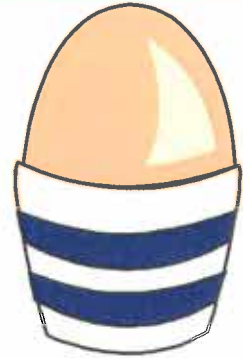
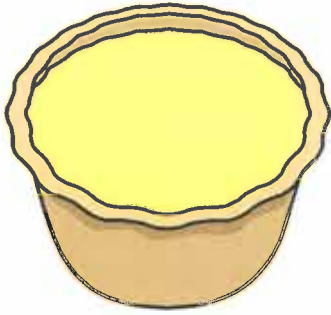
Communicate in Print Images



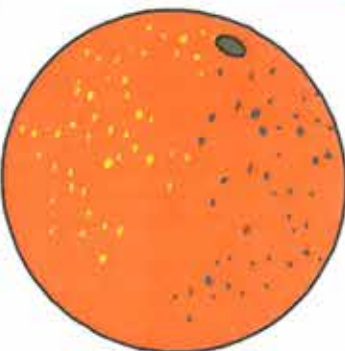
Communicate in Print Images



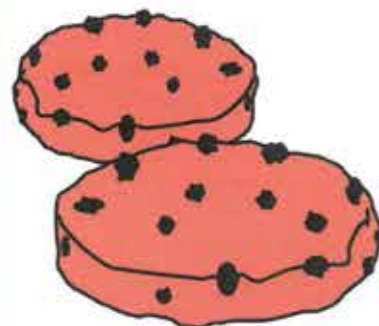
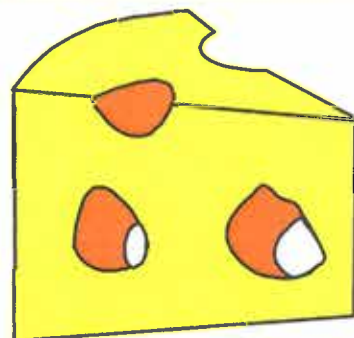
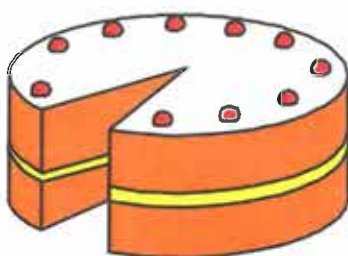
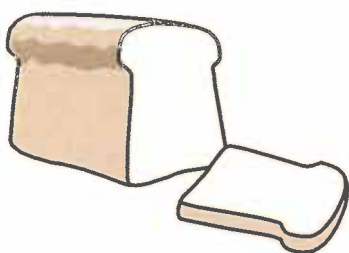
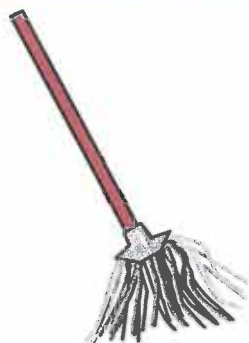
Communicate in Print Images



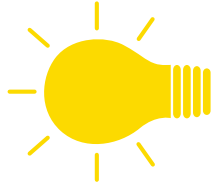
Communicate in Print Images



Communicate in Print Images



Action Plan



Name

What is going to help you?	How is it going to help you?	Who is going to help you?	When would you like it to start?
What else might help?			

Review



Name

How much has it helped you?		
A lot	A little	Not at all

