



Derby City Council

My Life, My Journey

# Who Am I?

How I See Myself

Name .....

Age .....

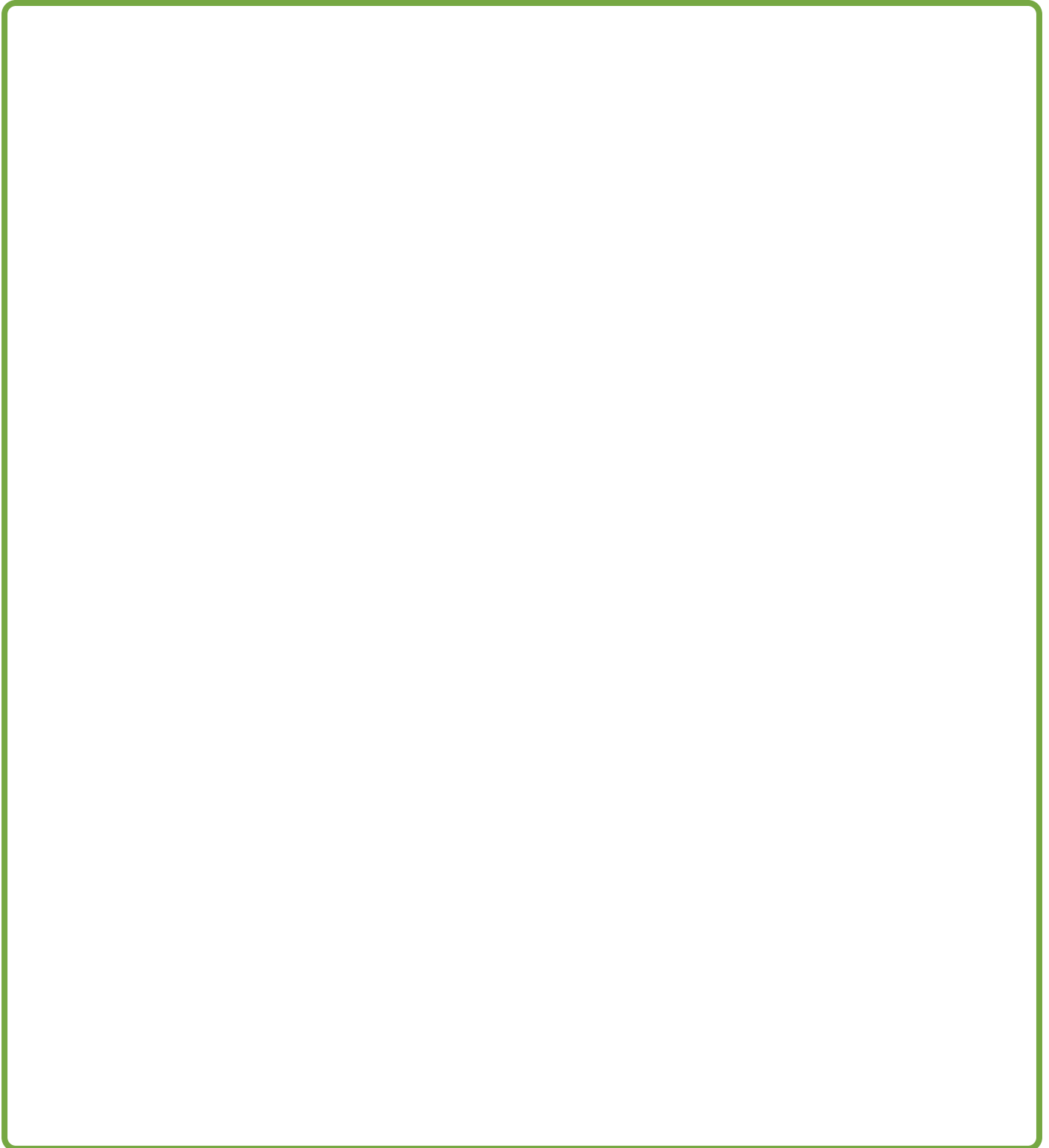
Today's Date .....



# Who Am I?

## This is me

Please add a photo, hand print or a drawing to describe yourself





# Who Am I?

## How are you feeling today?

Please circle the words you would use to describe yourself

Happy

Worried

Confident

Angry

Fun

Calm

Sad

Boring

Friendly

Unfriendly

Please tell us any other words

Please tell us why you have chosen these words



# Who Am I?

## How others see me

Please circle the words you think others would use to describe you

Happy

Worried

Confident

Angry

Fun

Calm

Sad

Boring

Friendly

Unfriendly

Please tell us any other words or use pictures or a drawing to describe how you think others would describe you

Please tell us why you have chosen these words





# How are you feeling today?

Happy



Sad



Excited



Sick



Tired



Bored



Confused



Angry

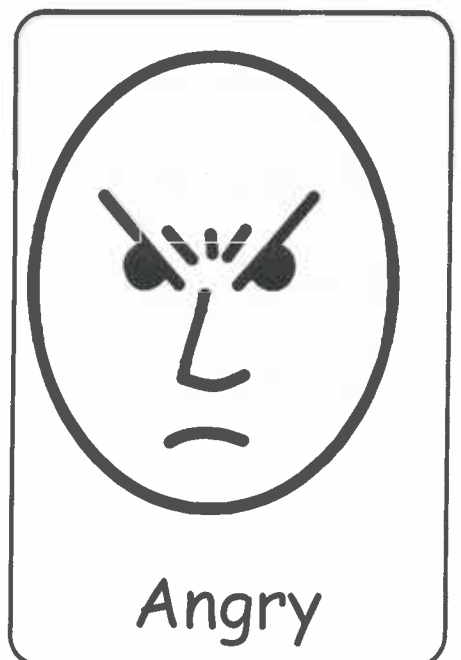
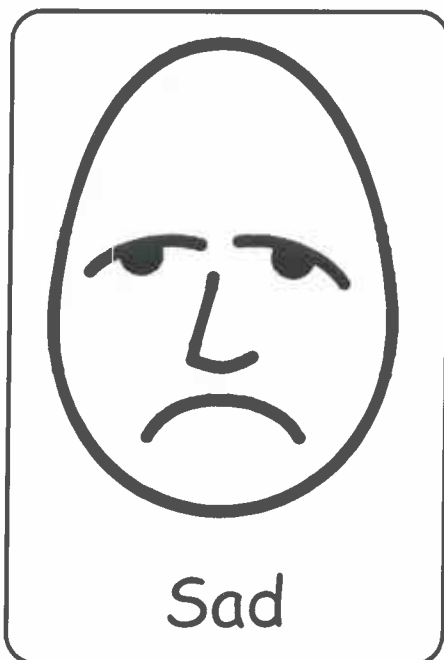
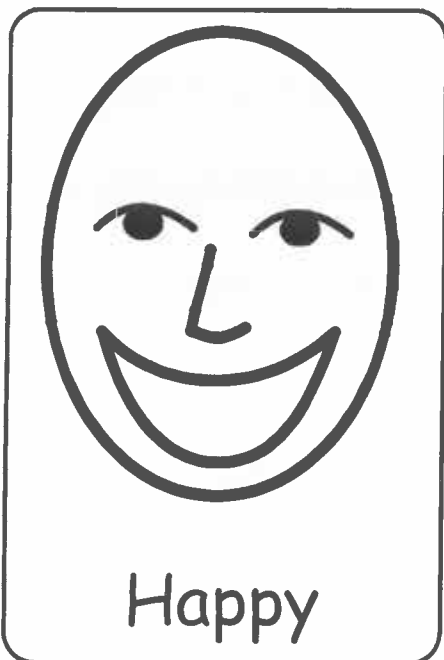


Frustrated



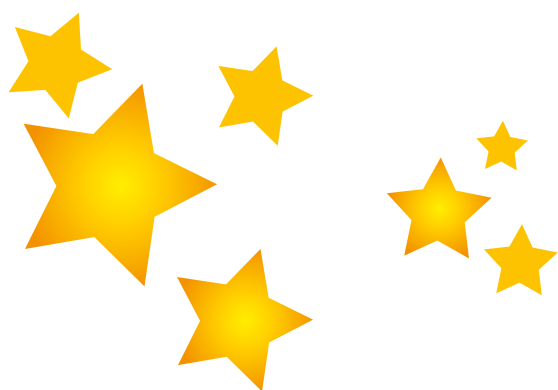
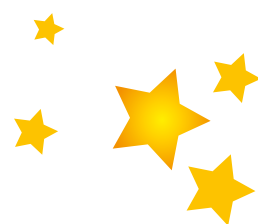
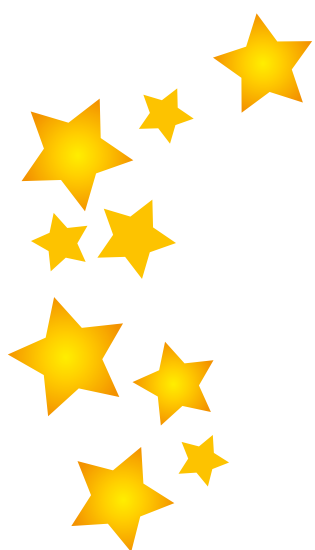


# How are you feeling today?





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?              |

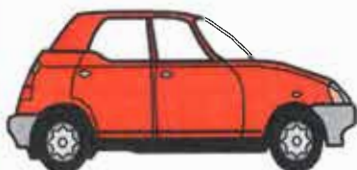
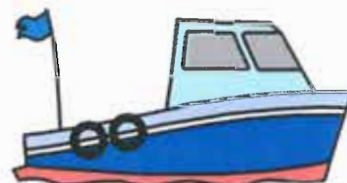
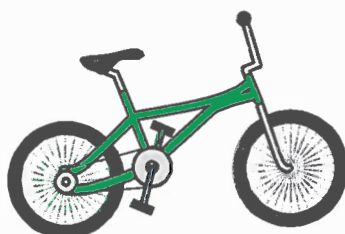
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I will tick the things that are true for me



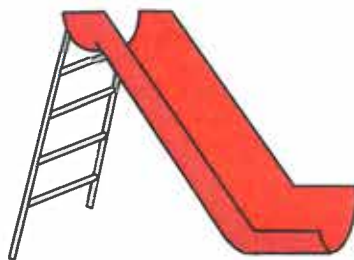
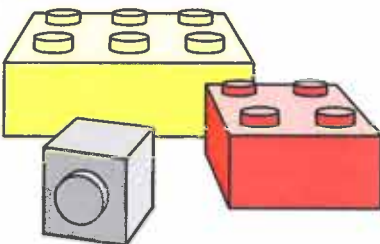
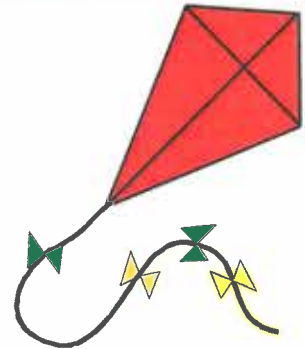
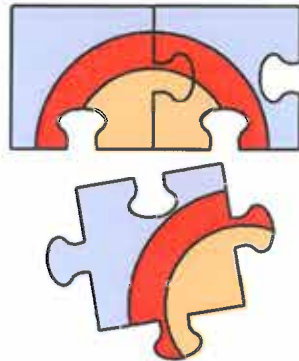
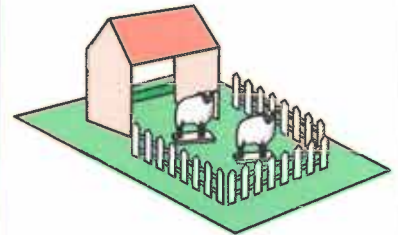
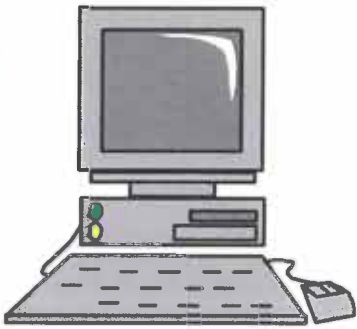


# Communicate in Print Images



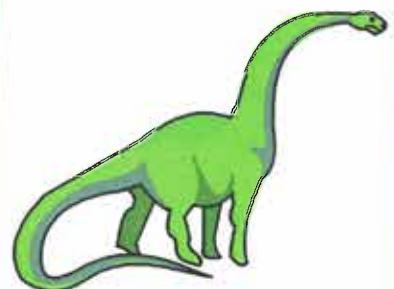
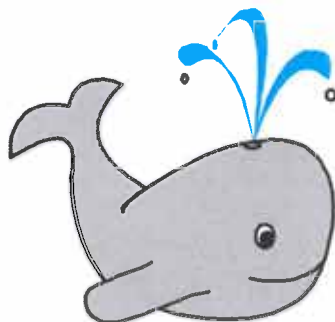
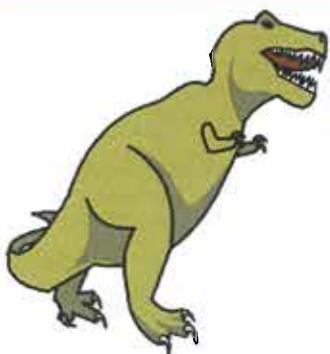
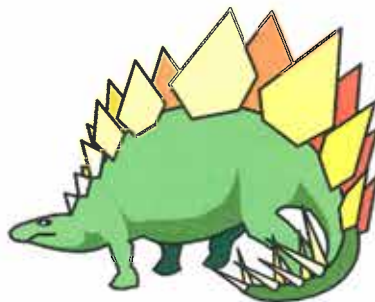
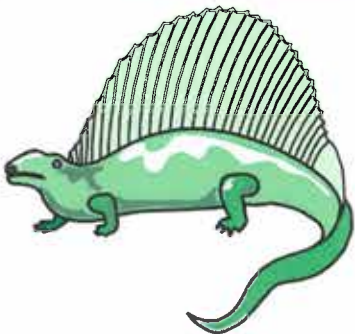
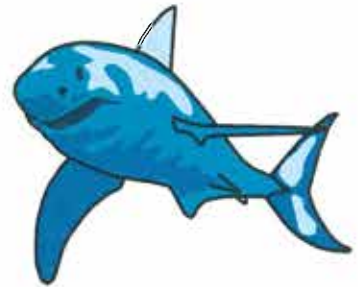
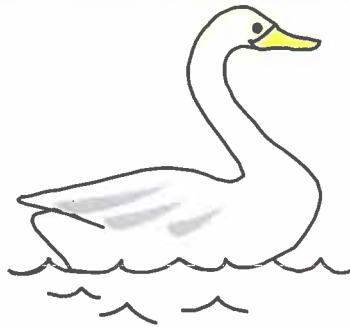
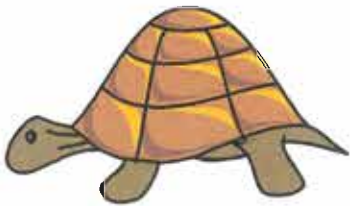
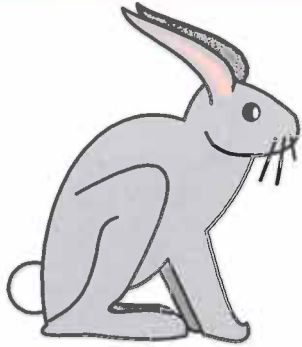


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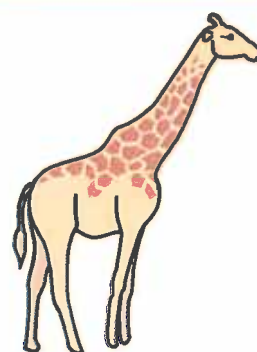
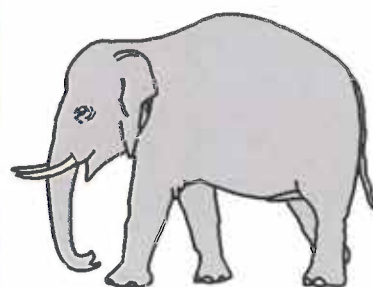
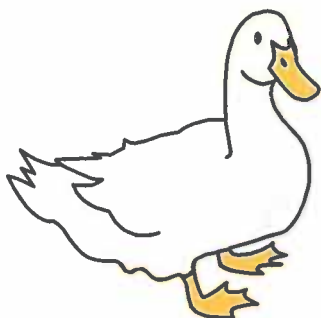
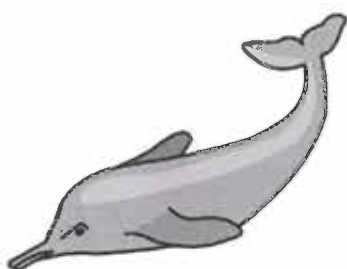
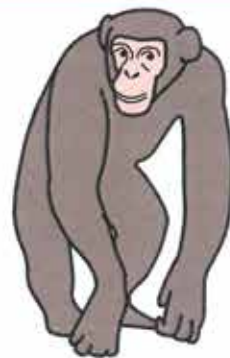
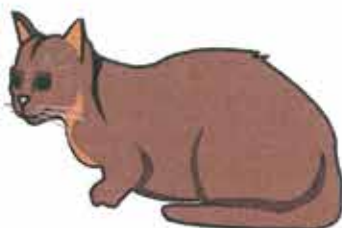
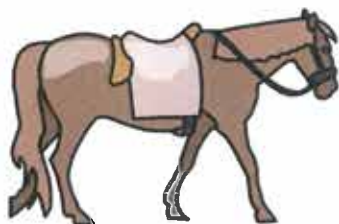
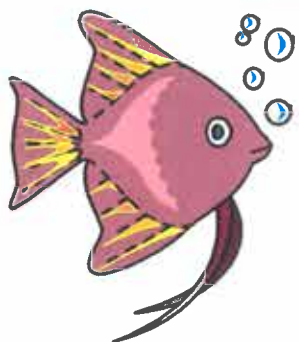


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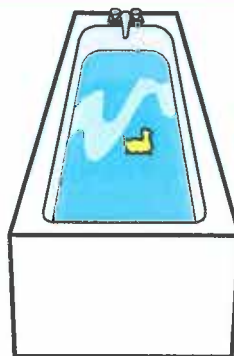
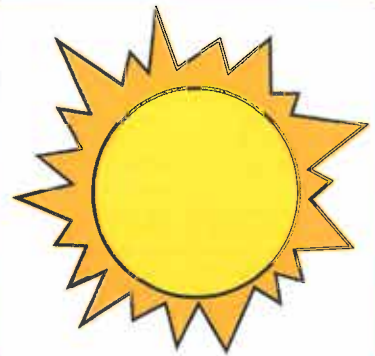
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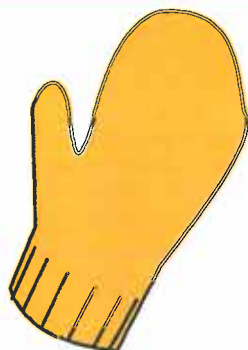
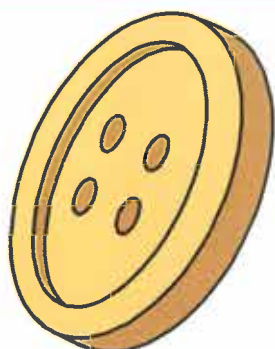


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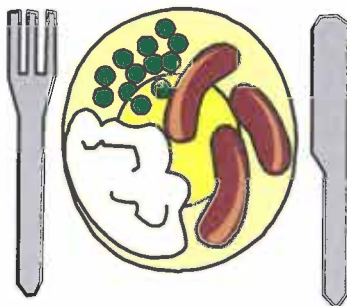
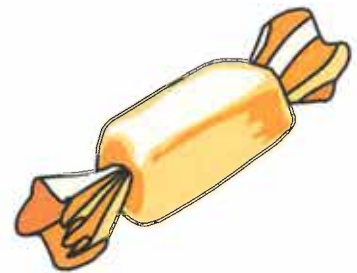
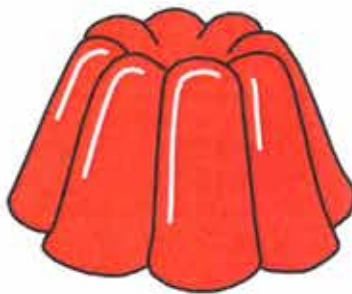
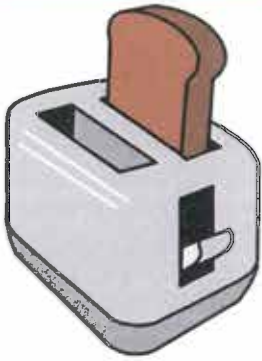
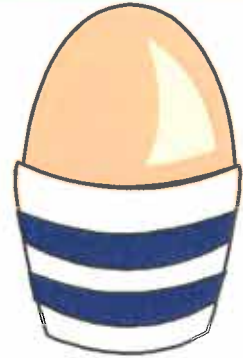
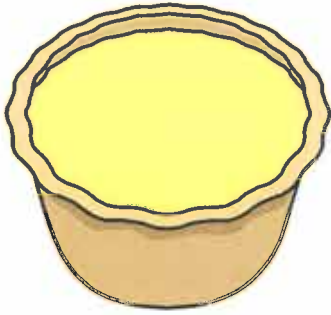


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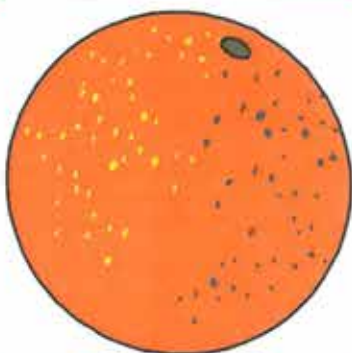
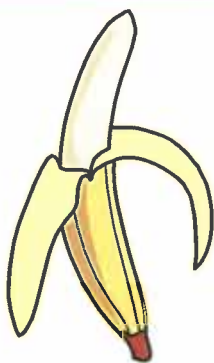


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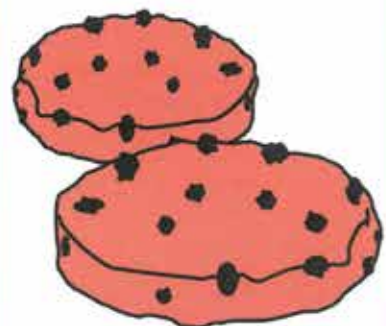
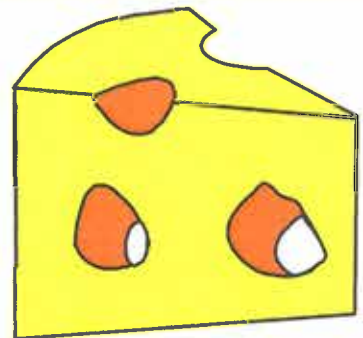
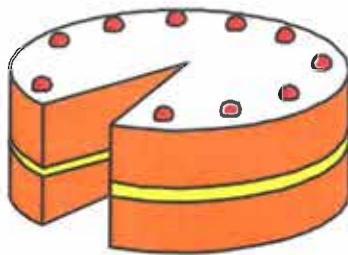
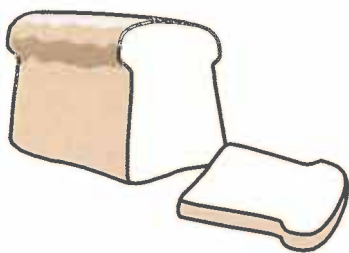
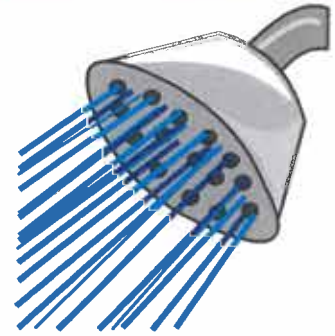
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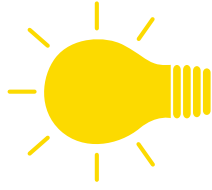


# Communicate in Print Images





# Action Plan

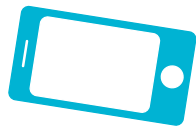


Name .....

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

