



Derby City Council

My Life, My Journey

My Identity

Who is important to me?
and

What is important to me?

Name

Age

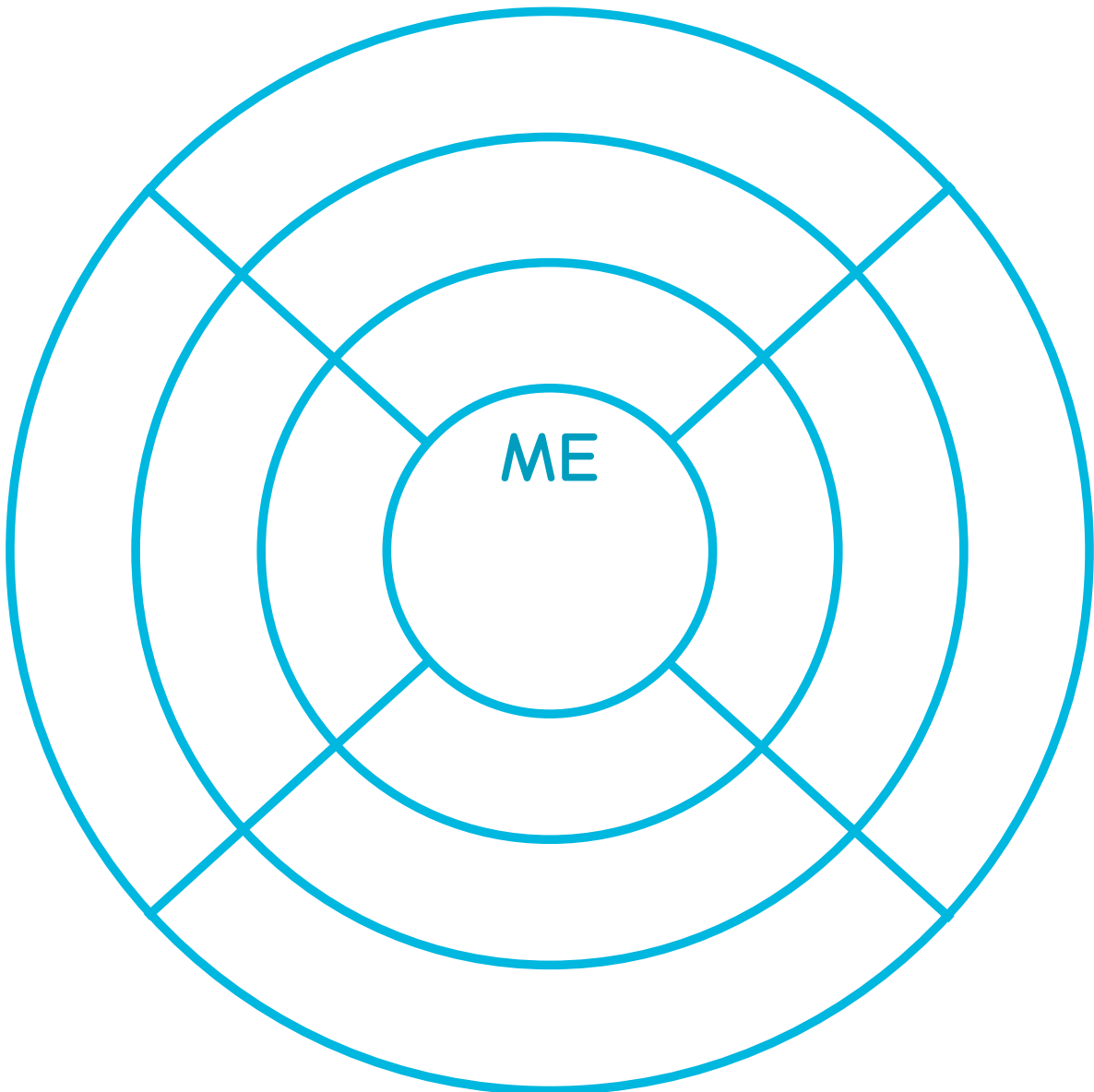
Today's Date

My Identity

Who is important to me?

Home
(including pets)

Other adults

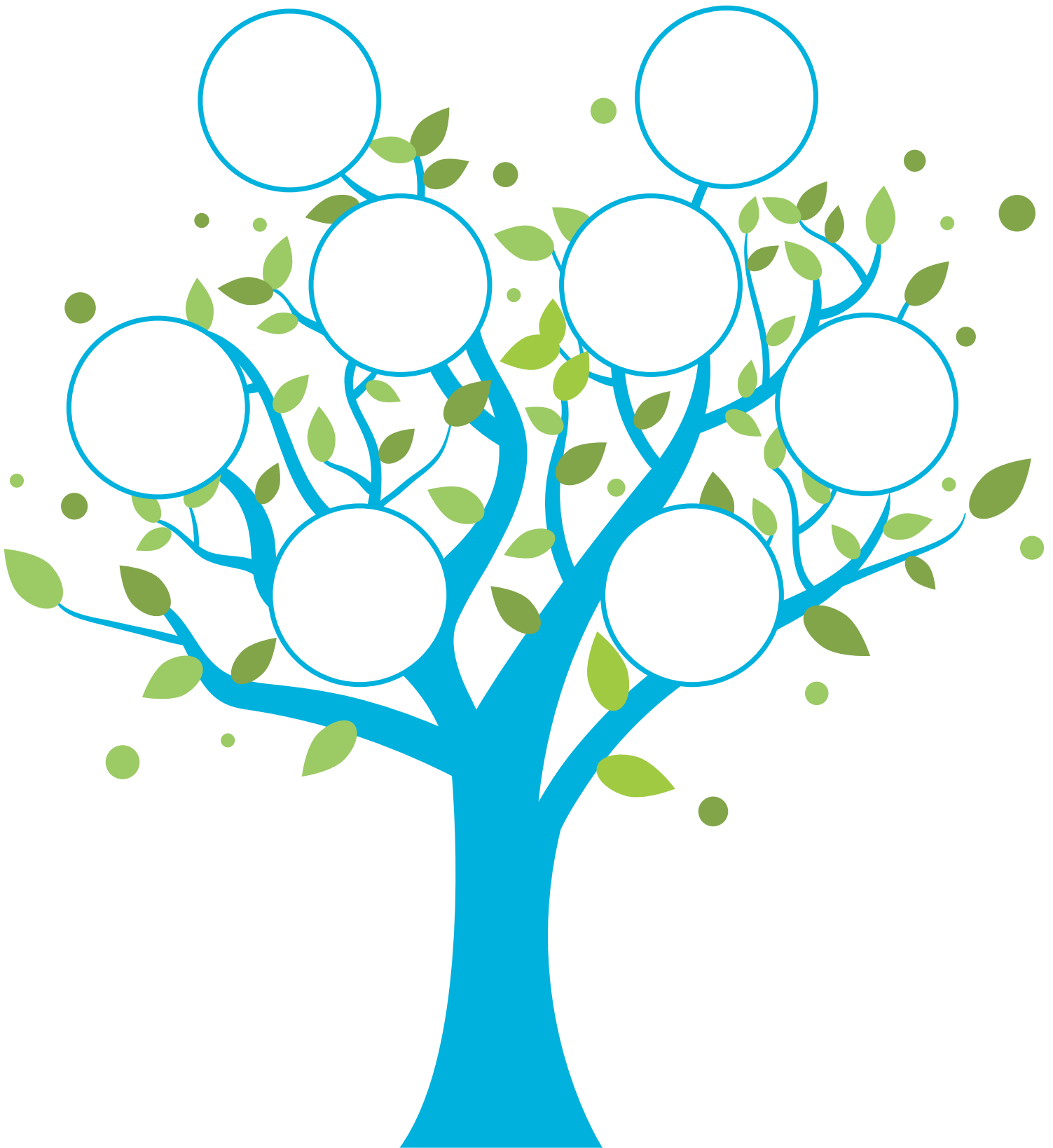


Other children and young people

School

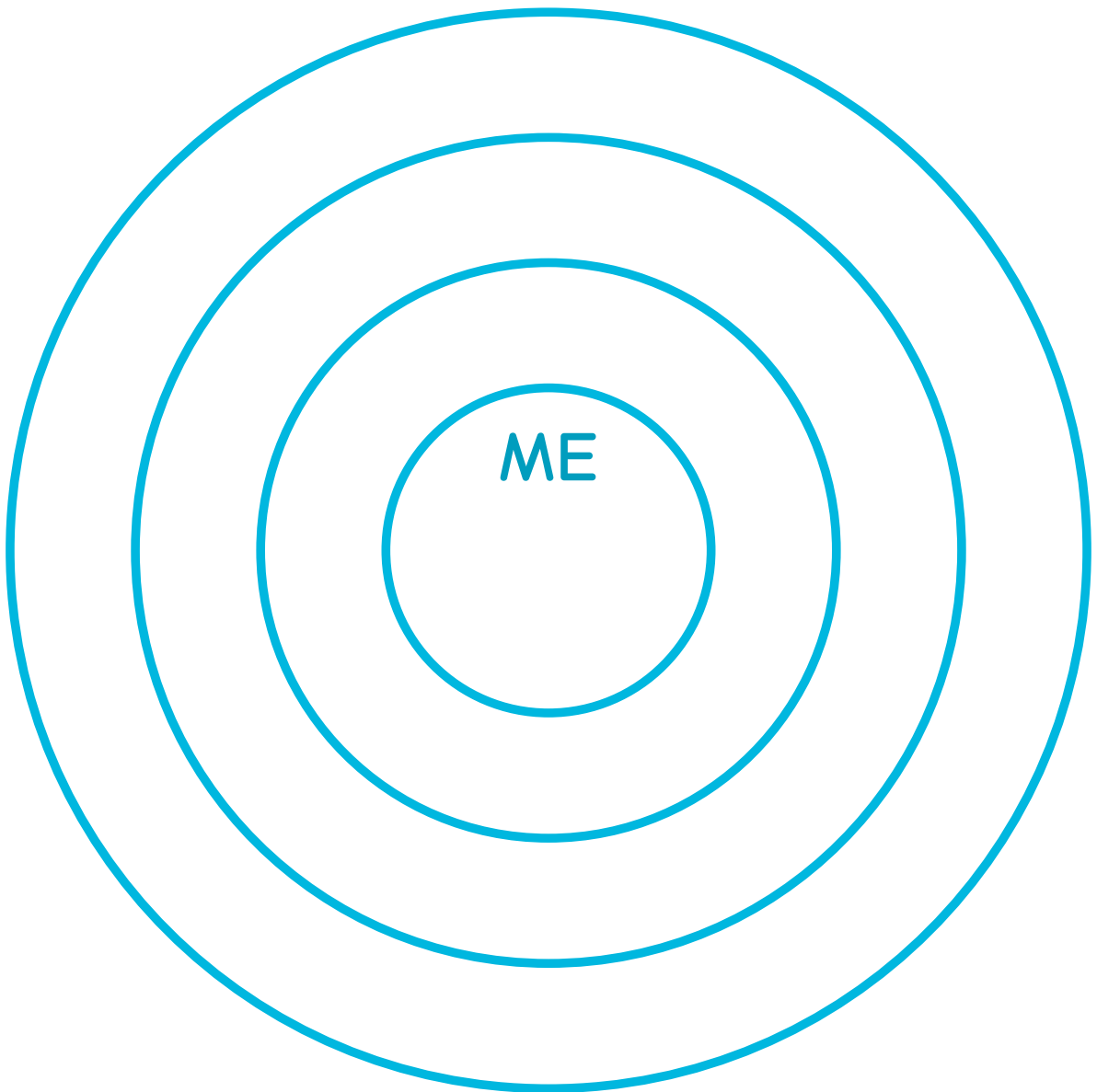
My Identity

Who is important to me?



My Identity











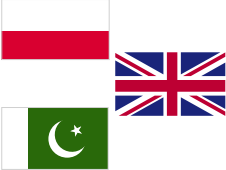




What is important to me?



My Identity

What is important to me?

Helpsheet 1 – Aspects of My Identity

What I look like 	Clothes 
Ethnicity 	Family 
Food 	Friends 
Gender and Sexuality 	Things I like to do 
Language 	Area where I live 
Nationality 	Religion 
School and College 	Likes and Dislikes 
Health 	

My Identity

What is important to me?

Helpsheet 2 – What I look like

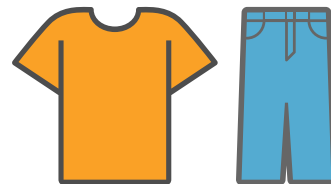


Male	Female
Fat	Thin
Tall	Short
Healthy	Unhealthy
Hair Styled	Hair Unstyled

My Identity

What is important to me?

Helpsheet 3 - Clothes



Fashionable	Unfashionable
Clothes that fit	New
Second Hand	Warm
Traditional	Own Style
Male Clothing	Female Clothing

My Identity

What is important to me?
Helpsheet 4 - Ethnicity



White British	Black British
Asian British	White European
White Other	Black Caribbean
Black African	Black Other
Dual (Parents with Different Ethnicities)	Indian
Pakistani	Bangladeshi
Chinese	Asian Other
Arab	Romany
Other Ethnicity	

My Identity

Who is important to me?
Helpsheet 5 - Family



Mum	Dad
Sister	Brother
Aunt	Uncle
Grandma	Grandad
Cousin	Step mum
Step dad	Niece
Nephew	Foster Carer

My Identity

What is important to me?

Helpsheet 6 - Food



Home Cooked	Takeaway
Non-Vegetarian	Controlled Diet
Vegetarian	Traditional Food
Regular meals at regular times	Irregular meals, no regular times
Breakfast	Lunch
Big Meals	Small Meals
Dinner	Eat too little
Eat too much	Eat food to comfort me

My Identity

Who is important to me?
Helpsheet 7 - Friends



Boyfriend	Girlfriend
Friend	Study Friend
Family Friend	Best Friend
Close Friend	School Friend
Old Friend	House Mate
Internet Friend	New Friend

My Identity

What is important to me?

Helpsheet 8 - Gender and Sexuality



Male	Female
Transgender	Gay
Bisexual	Lesbian
Transsexual	Straight
Asexual	

My Identity

What is important to me?

Helpsheet 9 - Things I like to do



Sports	Outdoor Activities
Arts and Crafts	Reading
Religious Groups	Doing things by myself
Doing things with friends	Consoles
Social Media	Playing Instruments
Board Games	Computer Based Hobbies

My Identity

What is important to me?
Helpsheet 10 - Language

Hello! Hola!
Bonjour!



Speaking only one language	One main language and a little knowledge of others
Speaking the same language at school and home	Speaking a different language at home
Difficulty in making myself understood	Speaking more than one language

My Identity

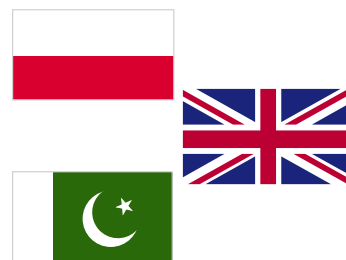
What is important to me?
Helpsheet 11 - Where I Live



Place of Birth	Where I used to live
Where I live now	Where I want to live
People who live in my area	

My Identity

What is important to me?
Helpsheet 12 - Nationality



British	English
European	World
Pakistani	Indian
Caribbean	Polish
Czech	Slovak
African	Jamaican
Nigerian	Ghanaian
Welsh	Scottish
Irish	

My Identity

What is important to me?

Helpsheet 13 - Religion



Believer	Non Believer
Attending a Place of Worship	Do not follow a particular faith
More than one religion	Spiritual
Christian	Muslim
Hindu	Buddhist
Sikh	Jewish
Atheist	A multi faith follower
Agnostic	

My Identity

What is important to me?

Helpsheet 14 - School and College



I like going to school	I dislike going to school
I am doing well at school	I am not doing so well at school
I am happy at school	I am unhappy at school

My Identity

What is important to me?

Helpsheet 15 - Likes and Dislikes



Smell of perfume	Being touched
Movement around me	Running around
Strong tastes	Some food textures
Some colours	Loud noises
Some fabrics	Being too hot
Stretching my fingers	Flashing lights
Sudden noises	Having a bath or shower
Smell of cooking	Quiet noises

My Identity

What is important to me? Helpsheet 16 - Health



Having the right medication	Support and respect my personal care
Support with my communication	Having a diagnosis
Support with mobility	Support with my sensory needs
Support with my communication	Special dietary needs
Others understanding my health needs	The right equipment
Having appointments with a different doctor/ nurse	Having appointments with the same doctor/ nurse
My hearing aid	My glasses
My wheelchair	Having a changing place toilet
Understanding my allergies	Support to get to my appointments

How are you feeling today?

Happy



Sad



Excited



Sick



Tired



Bored



Confused



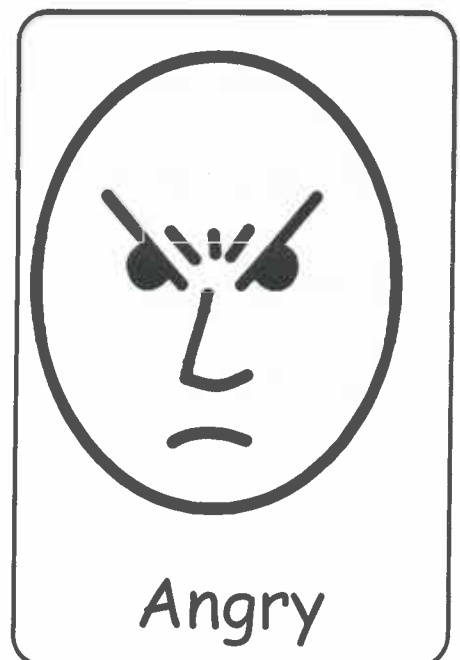
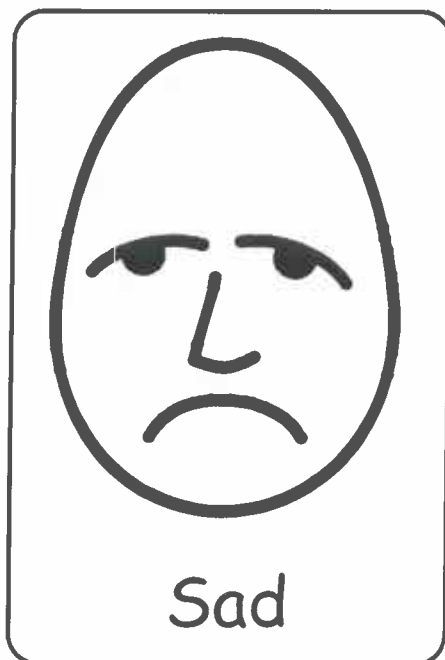
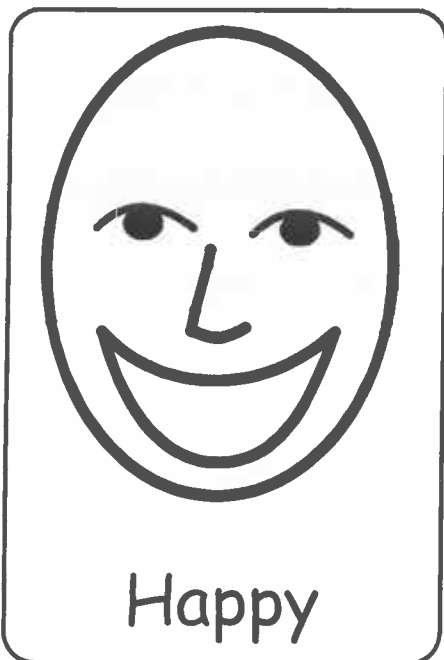
Angry



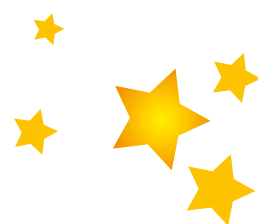
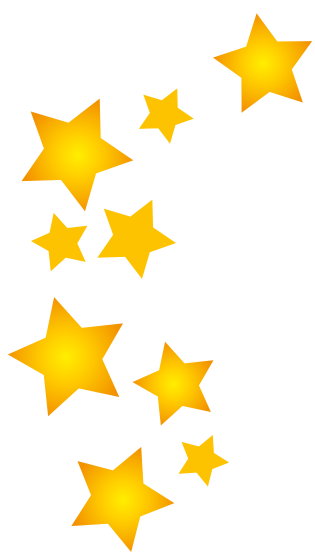
Frustrated



How are you feeling today?



This is what I would
change by waving my
magic wand



This is Me

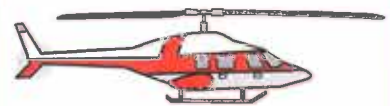
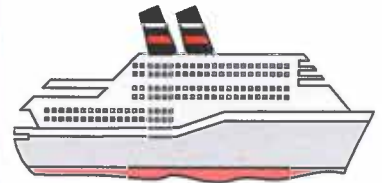
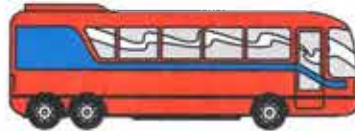
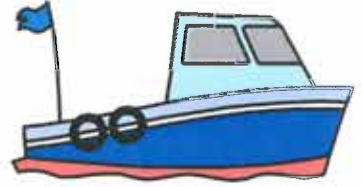
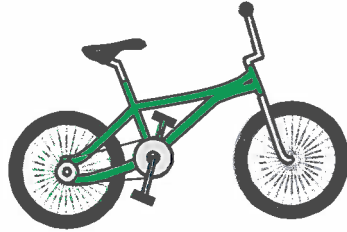
I have lots of strengths and talents, including;

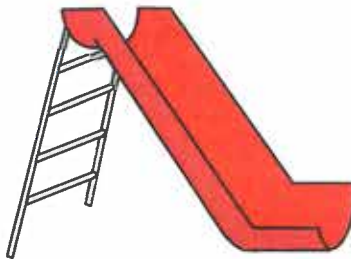
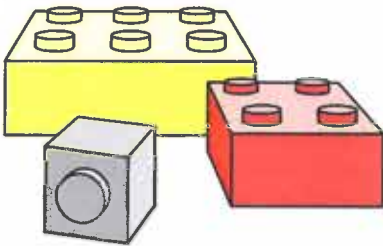
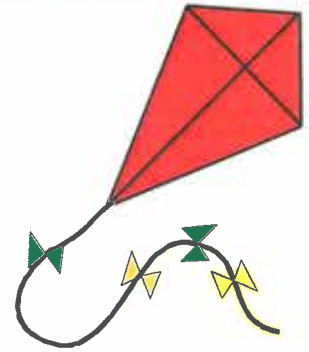
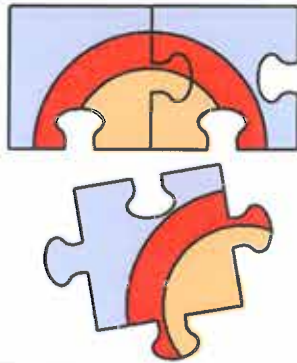
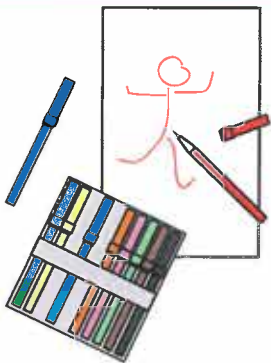
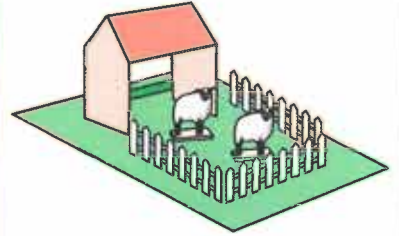
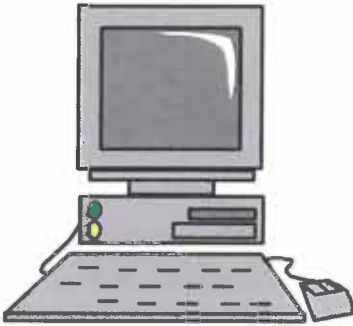
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|--|--|
| <input type="checkbox"/> Reading | <input type="checkbox"/> Stories |
| <input type="checkbox"/> Spelling | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Writing | <input type="checkbox"/> Sports |
| <input type="checkbox"/> 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? |

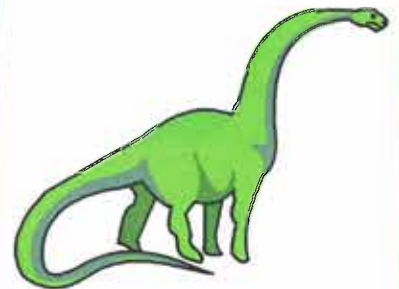
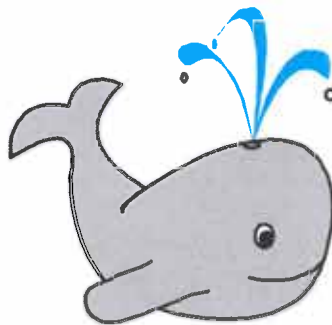
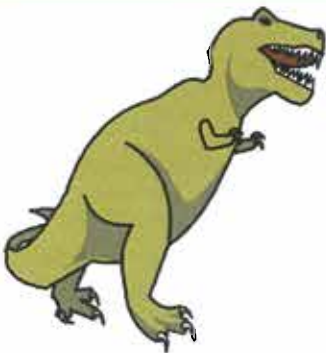
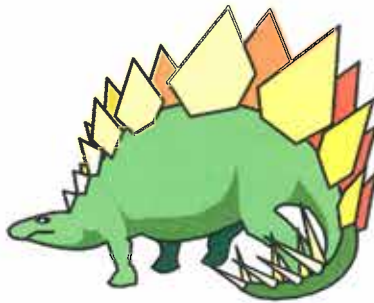
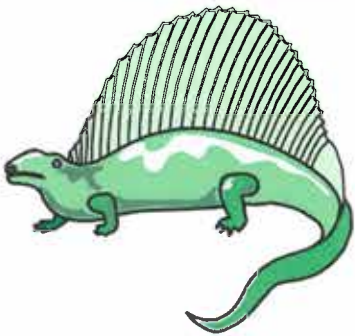
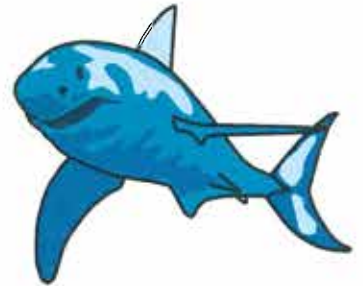
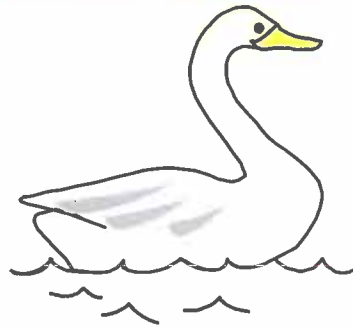
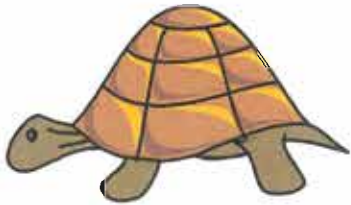
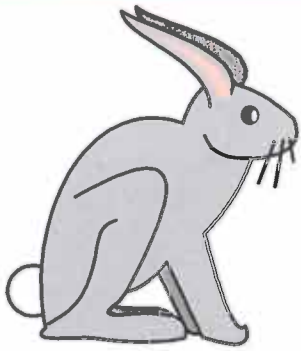
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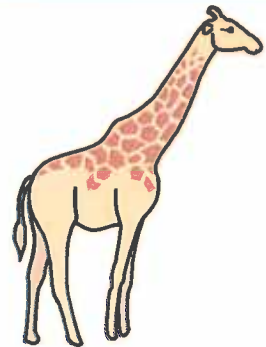
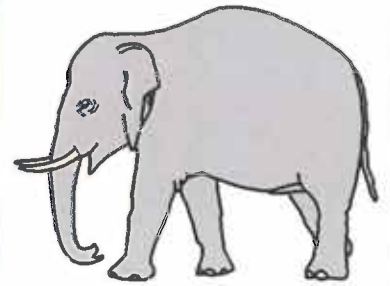
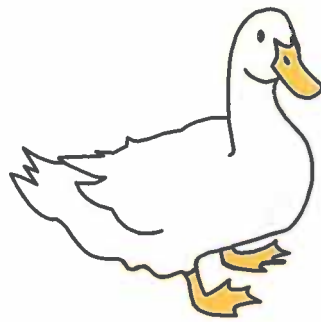
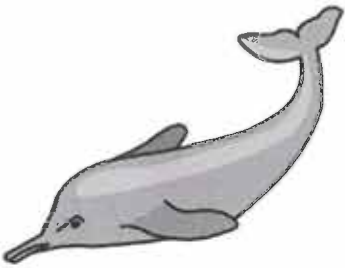
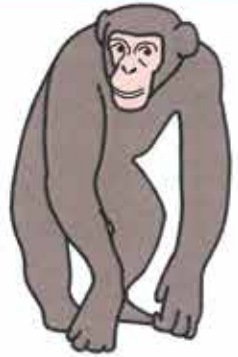
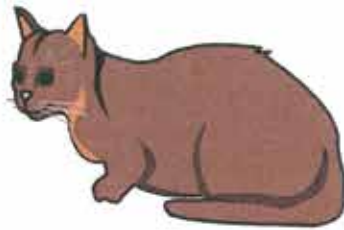
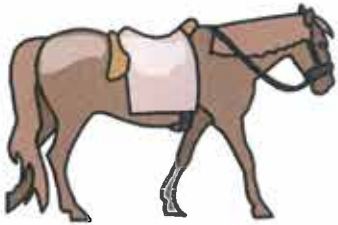
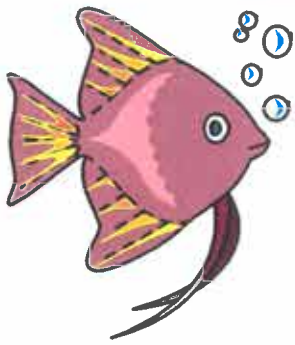
I will tick the things that are true for me

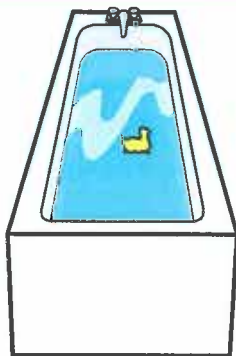
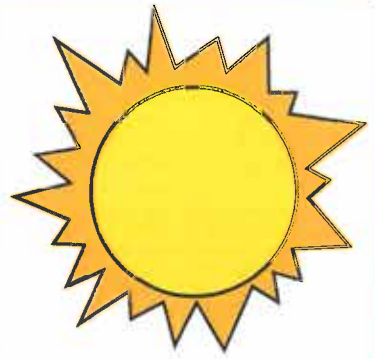
Communicate in Print Images

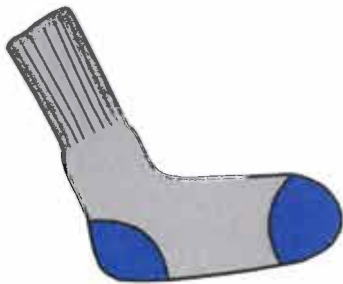
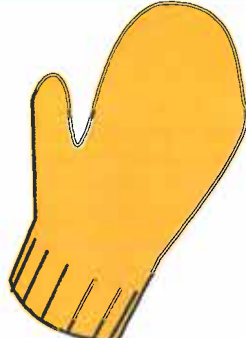
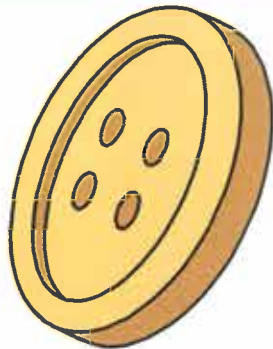


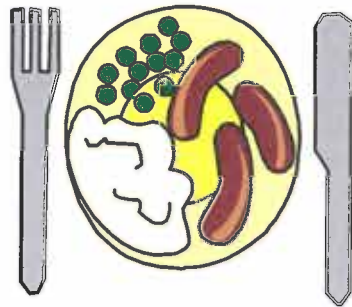
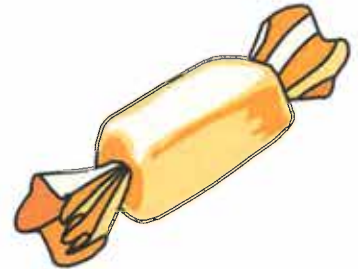
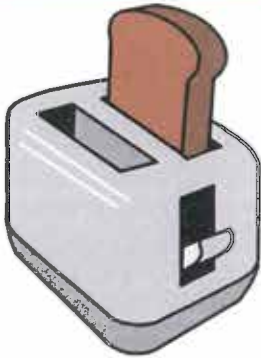
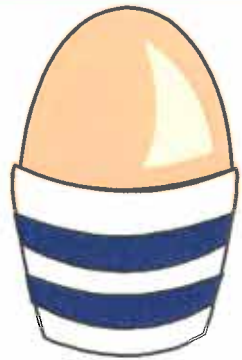
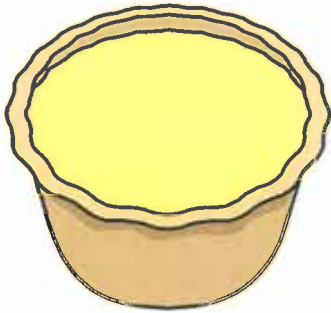


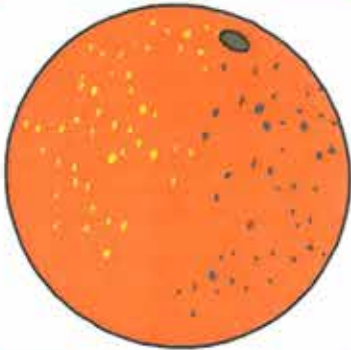
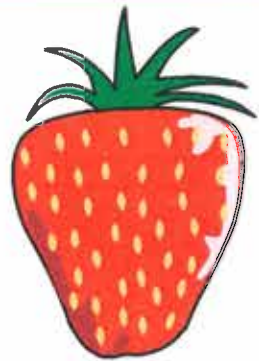
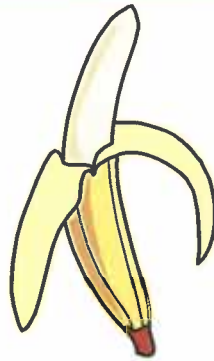


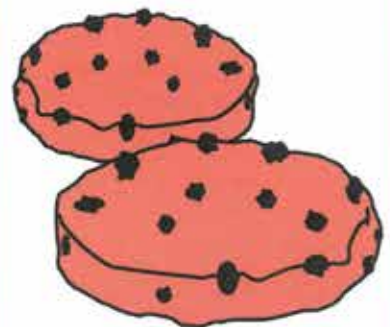
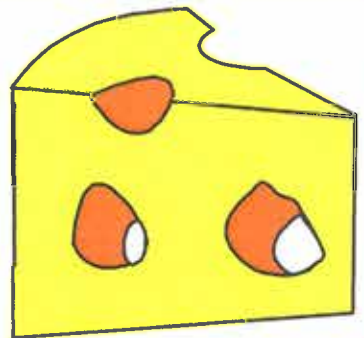
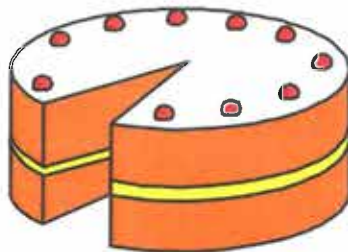
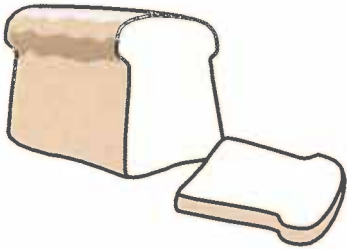
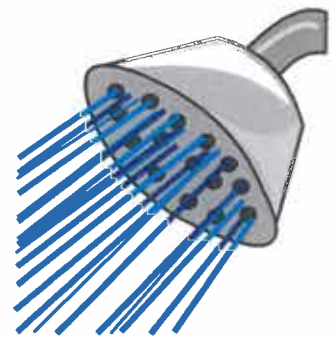
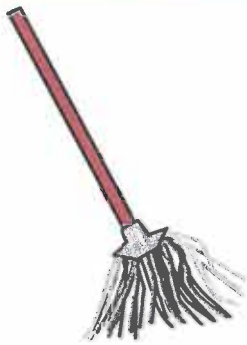




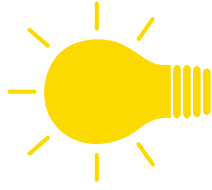








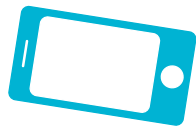
Action Plan



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

