



Derby City Council

My Life, My Journey

Who Am I?

How I See Myself
and
How Others See Me

Name

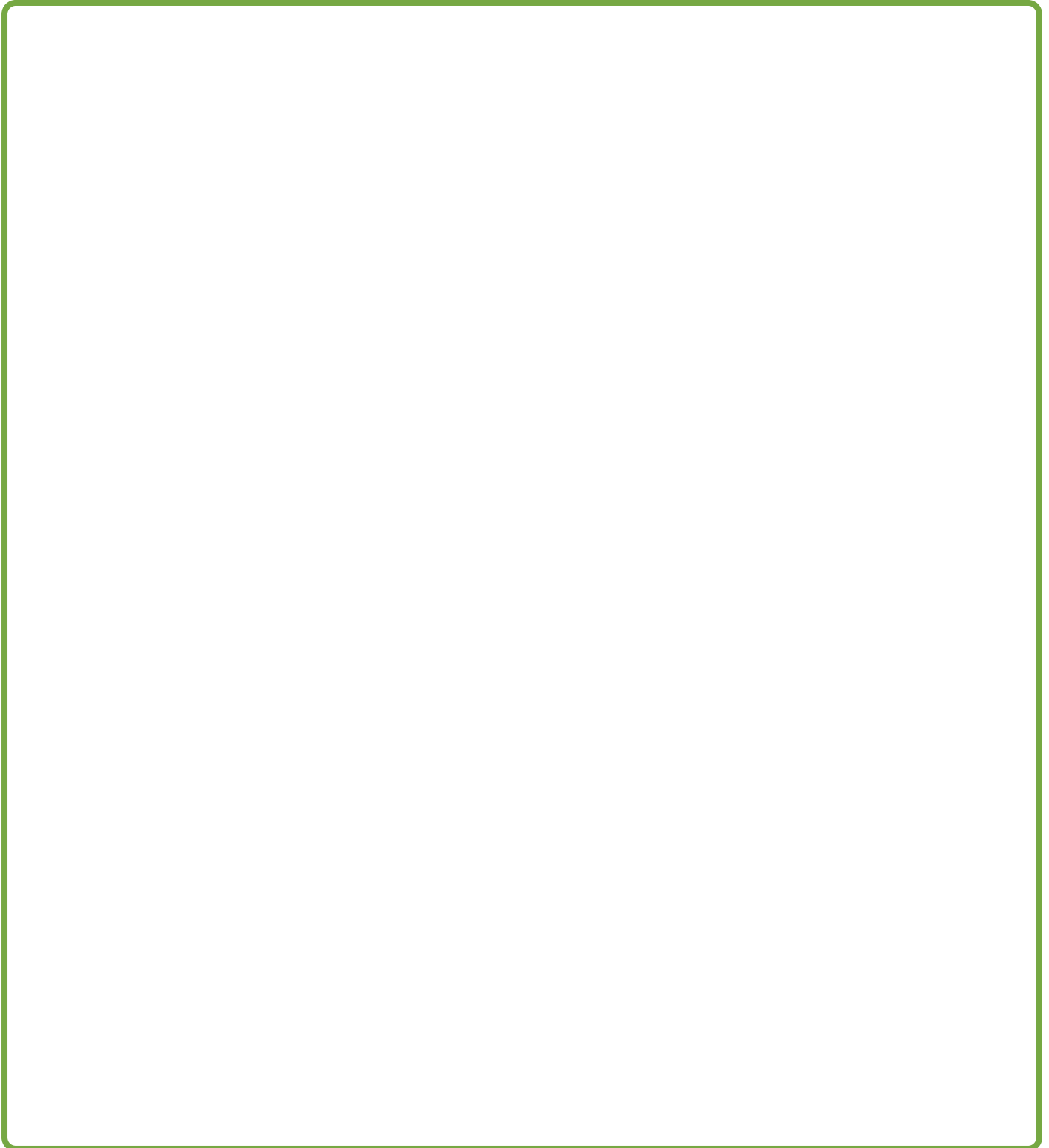
Age

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



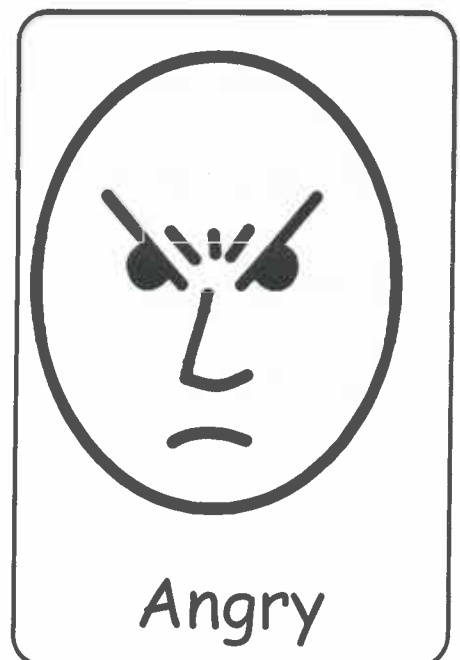
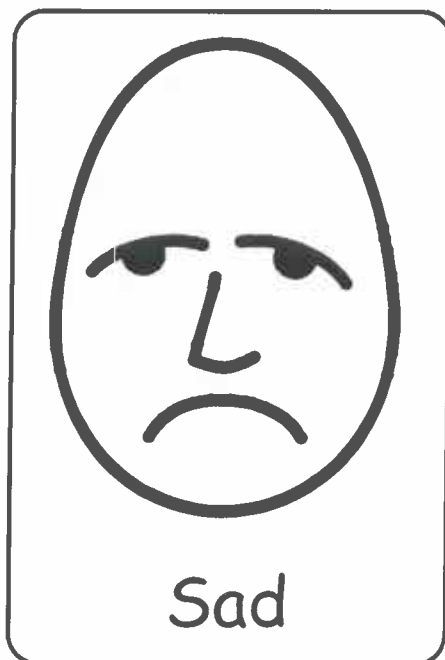
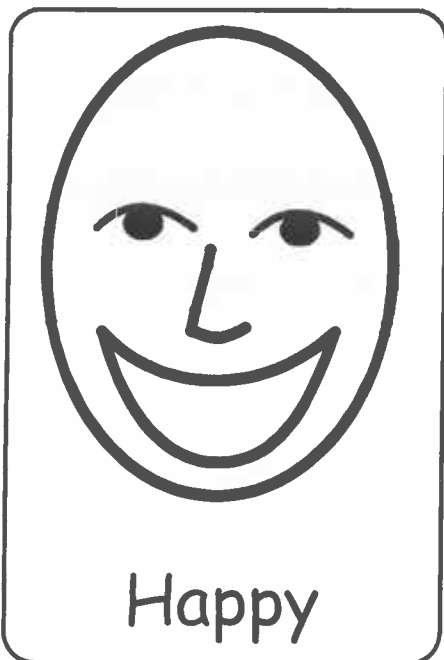
Angry



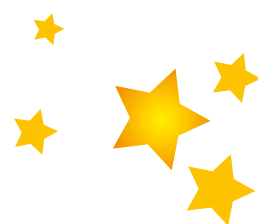
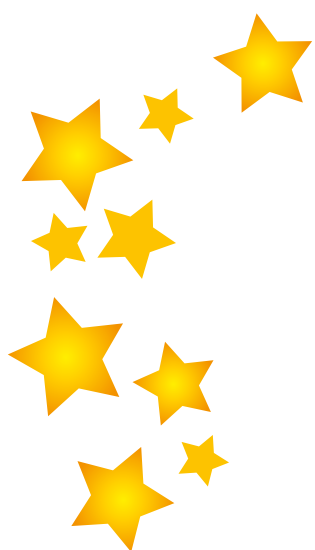
Frustrated



How are you feeling today?



This is what I would
change by waving my
magic wand



This is Me

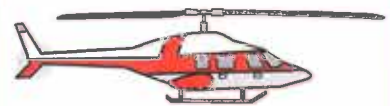
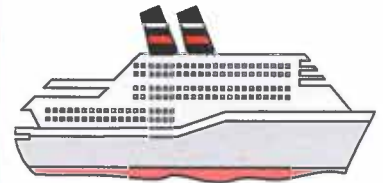
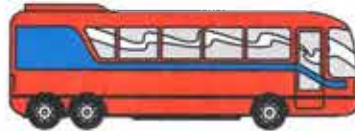
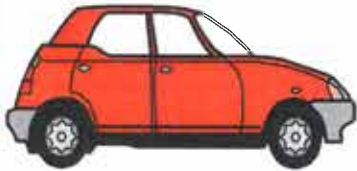
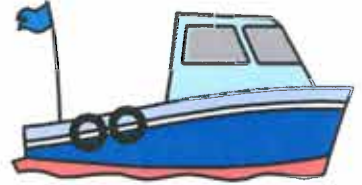
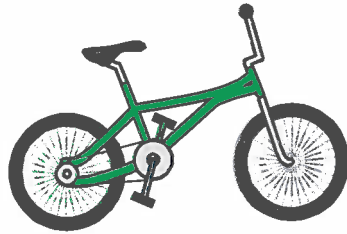
I have lots of strengths and talents, including;

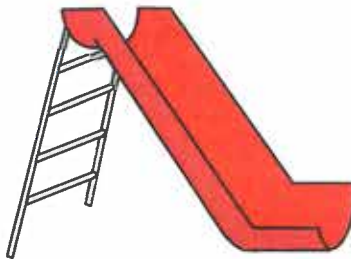
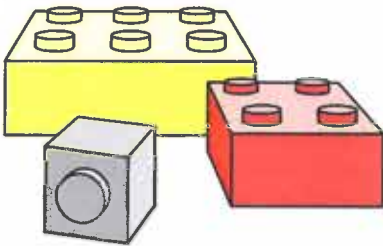
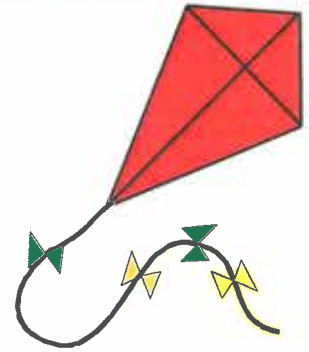
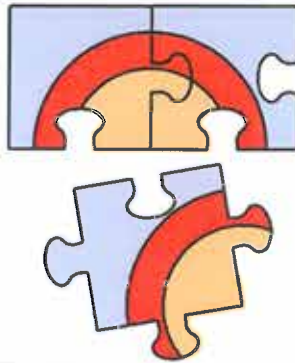
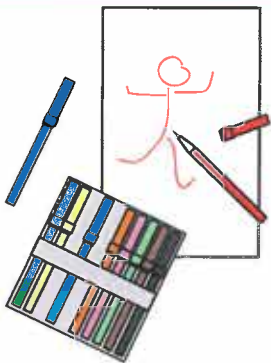
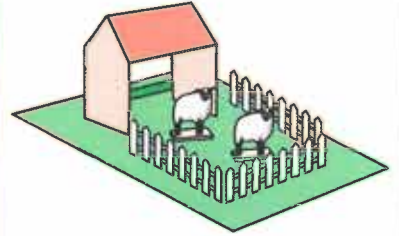
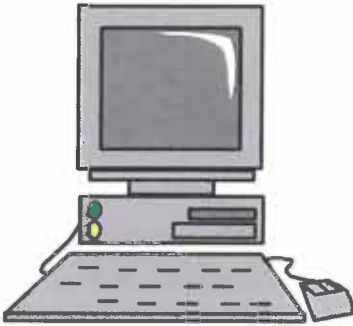
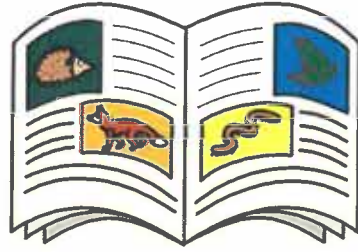
- | | |
|--|--|
| <input type="checkbox"/> Reading | <input type="checkbox"/> Stories |
| <input type="checkbox"/> Spelling | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Writing | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Drawing and art work | <input type="checkbox"/>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

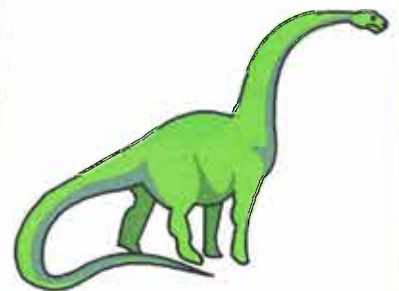
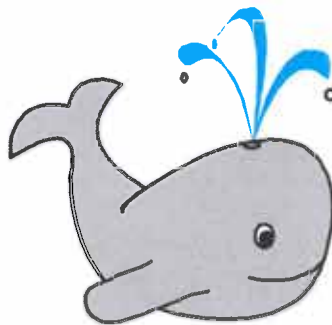
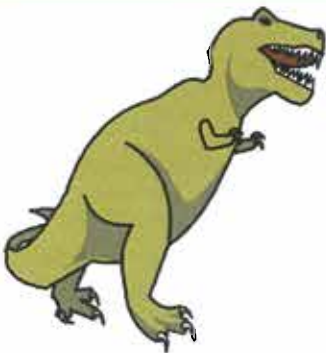
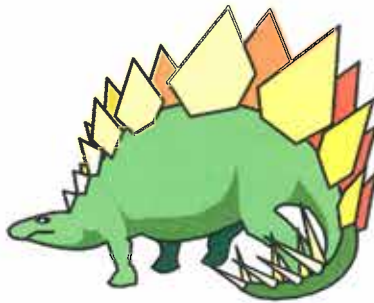
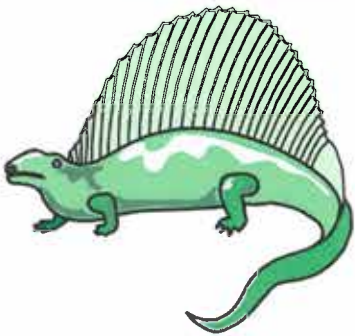
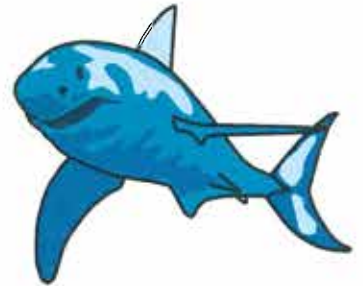
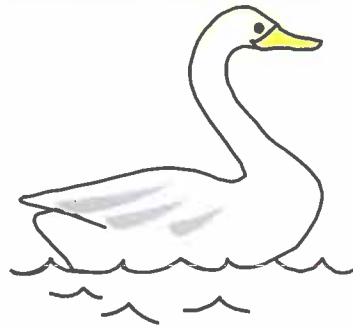
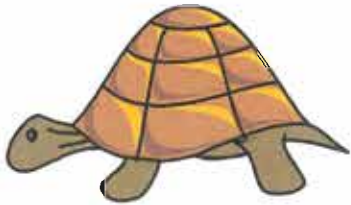
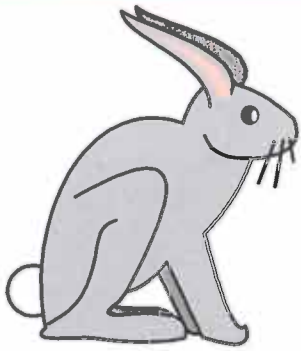
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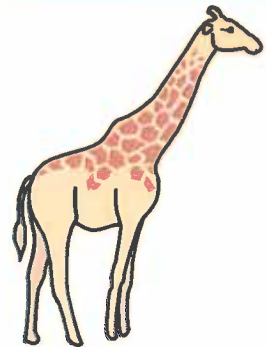
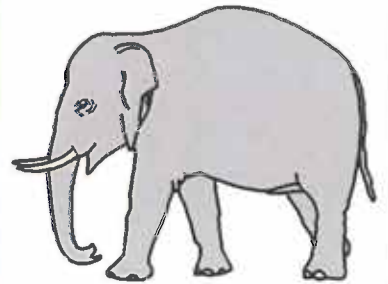
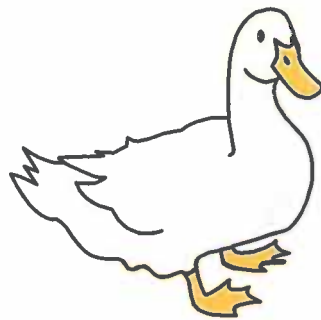
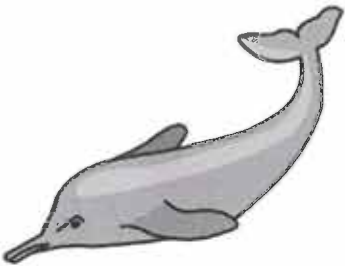
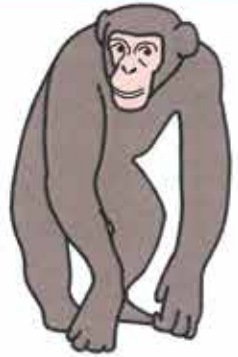
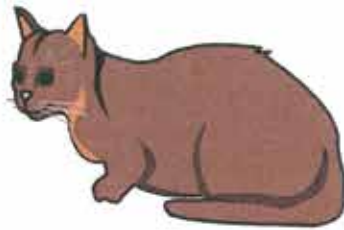
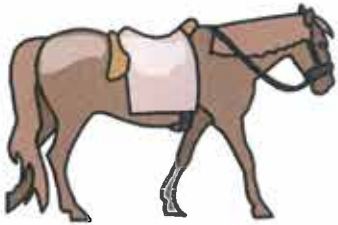
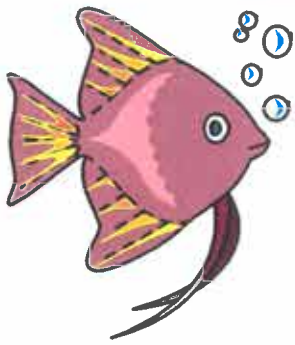
I will tick the things that are true for me

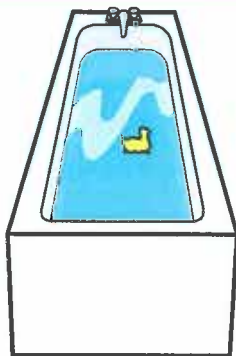
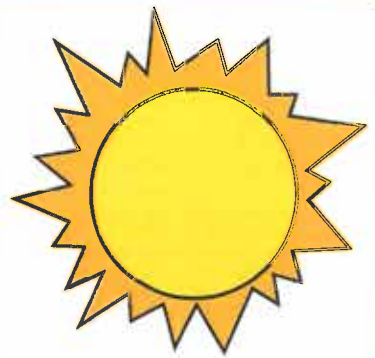
Communicate in Print Images

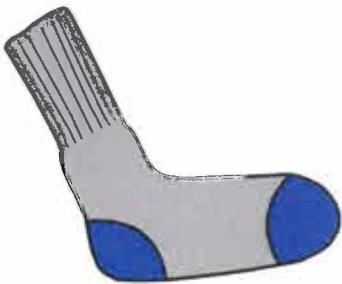
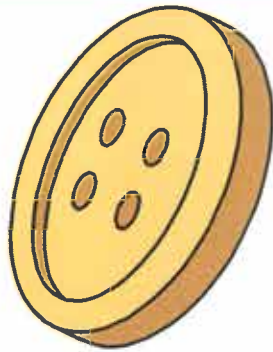


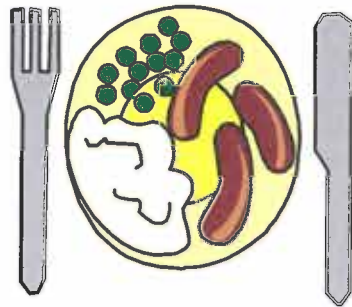
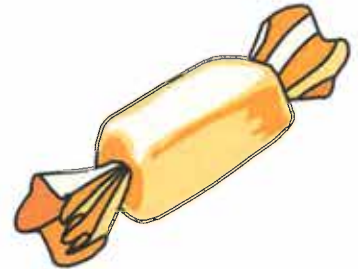
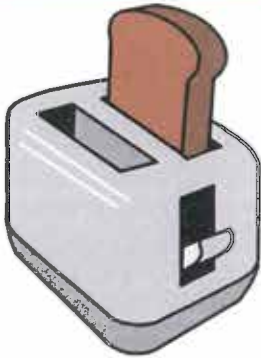
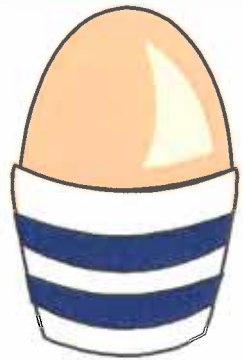
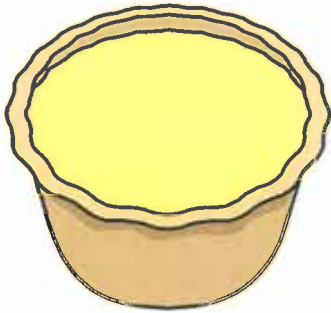


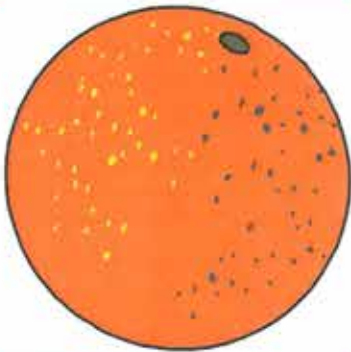
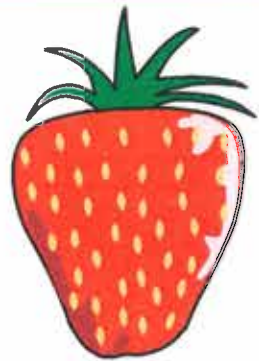
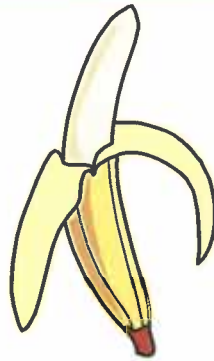


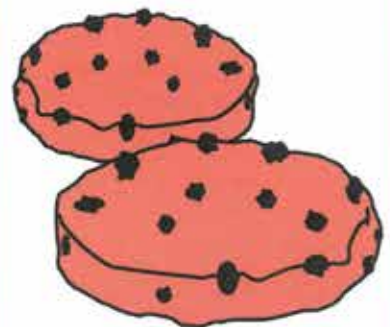
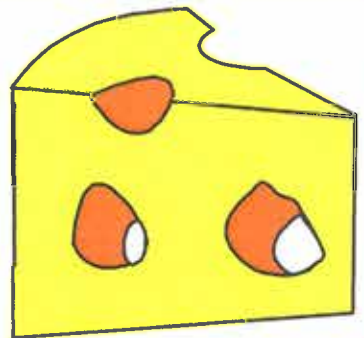
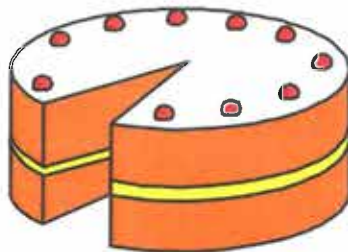
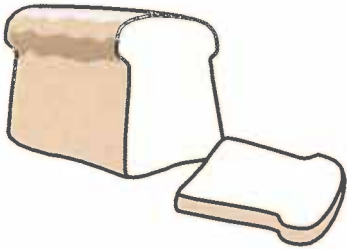
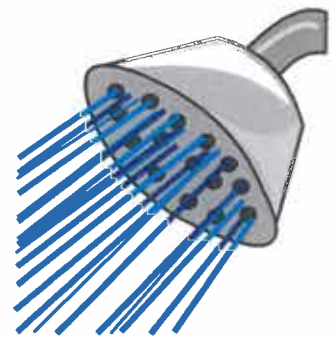
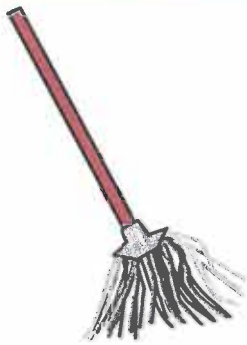




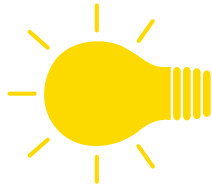








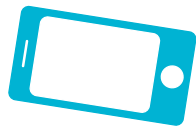
Action Plan



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

