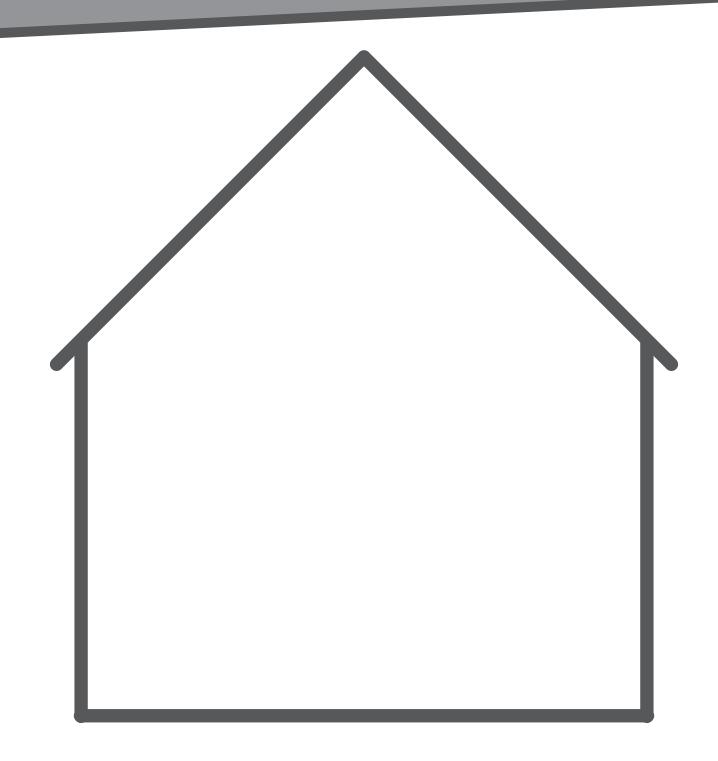


My Life, My Journey

Name	•••••	
Age	••••••••••••	•••••
Today's	s Date	
Langue	ages	

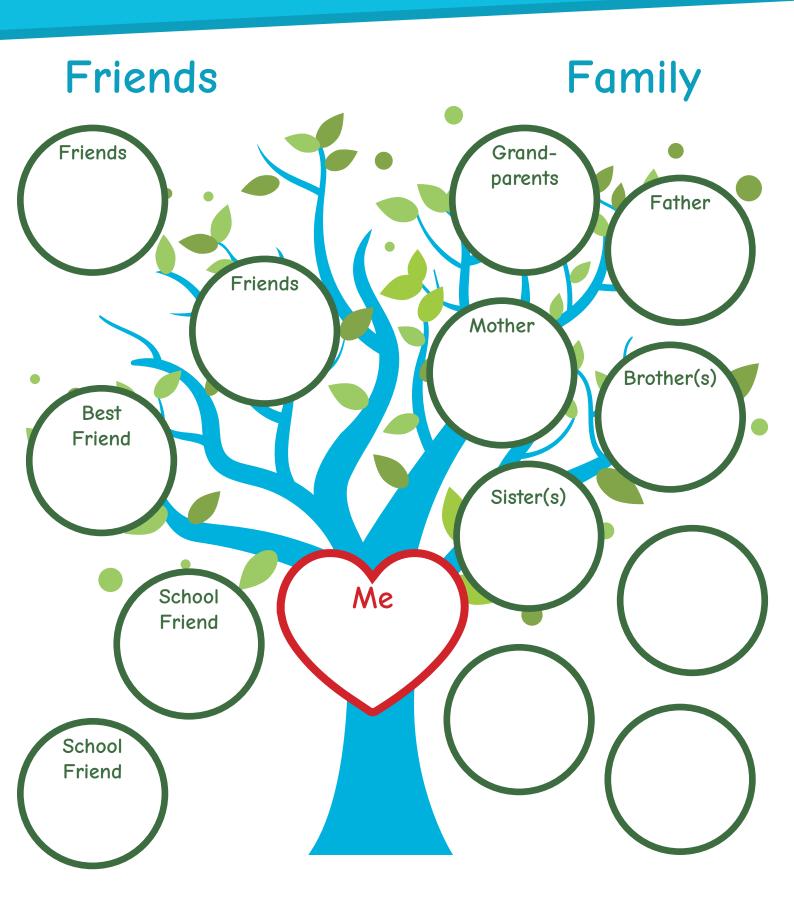
My Home Country



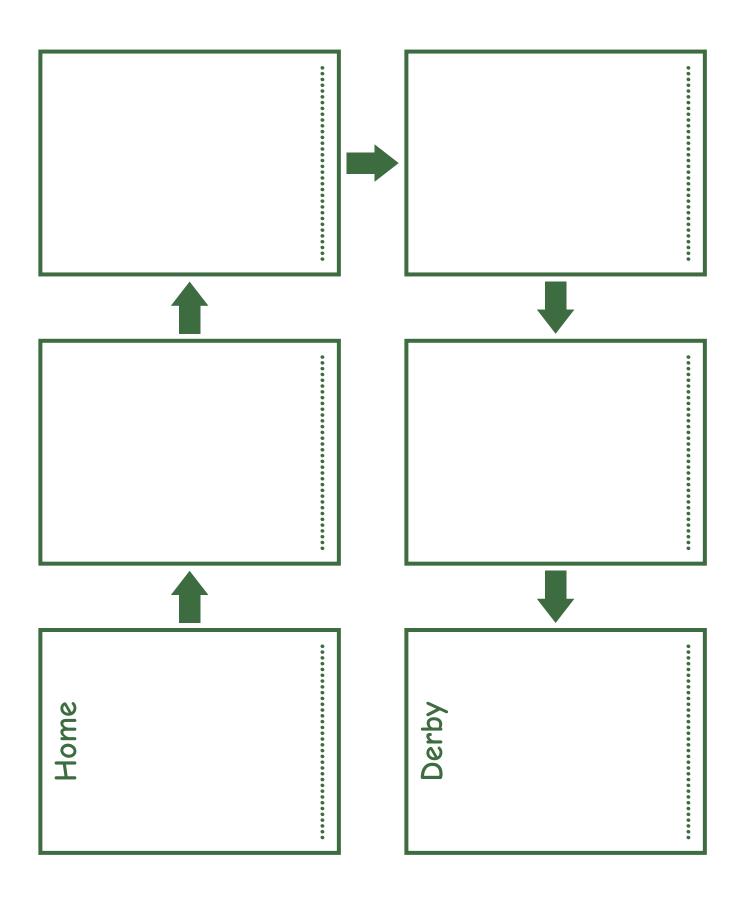
Name of town / village / area

•••••••••••••••••

My Family and Friends in my Home Country

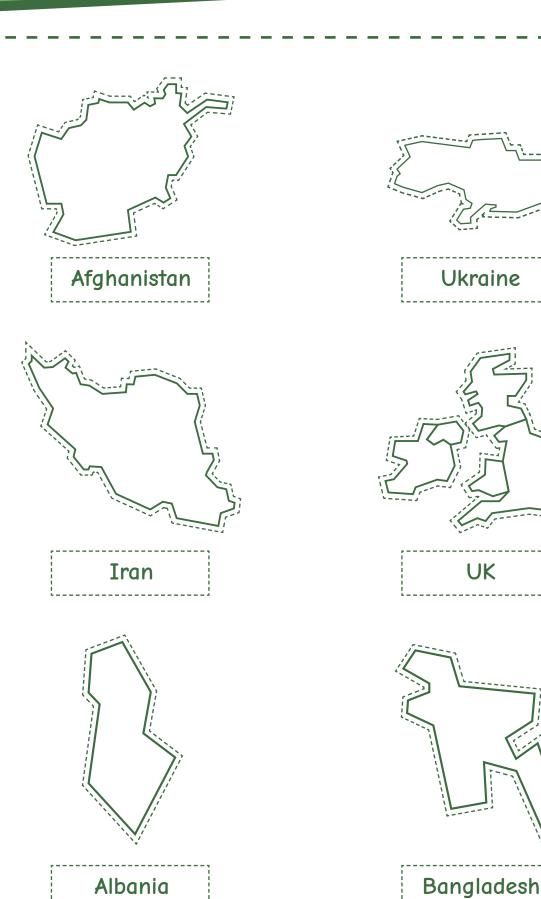


Use Helpsheets 1-8 and cut out what you would like to use



Countries

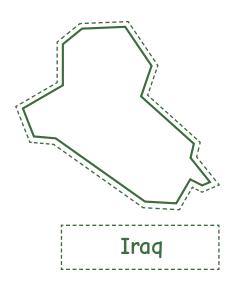


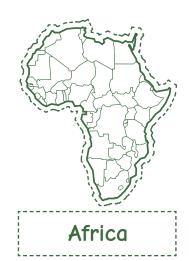


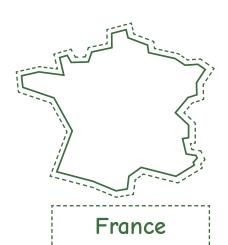
Countries

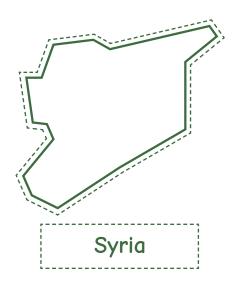












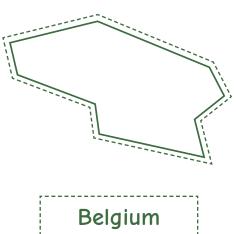


Countries











Flags





Afghanistan



Ukraine



Iran



UK



Albania



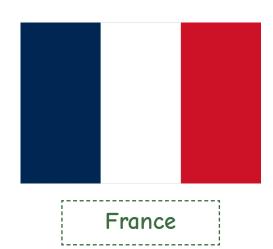
Bangladesh

Flags

Helpsheet 5











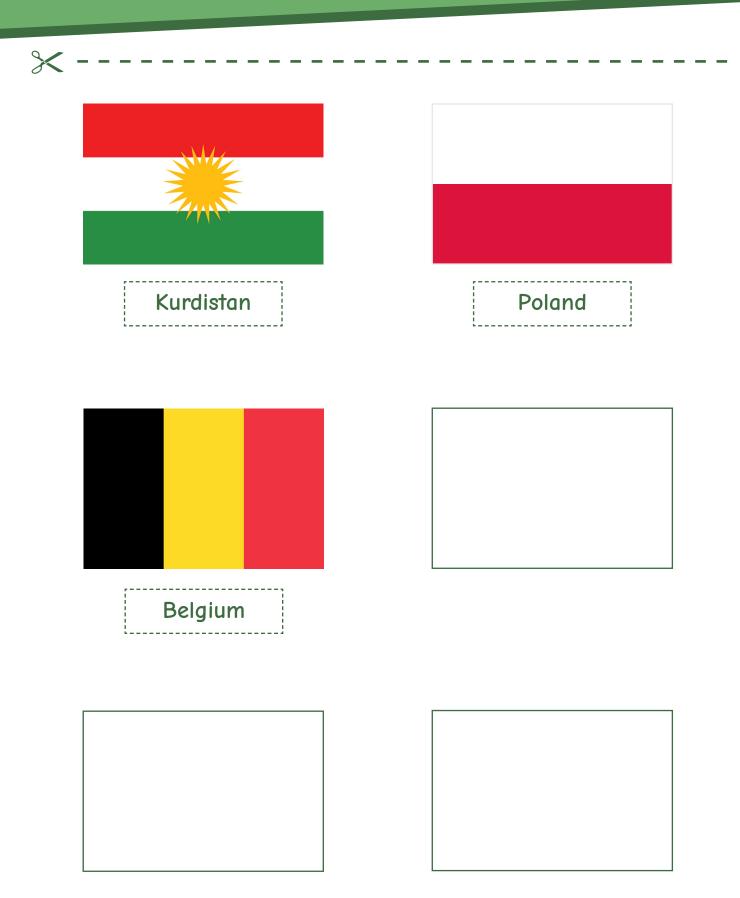
Iraq

Syria

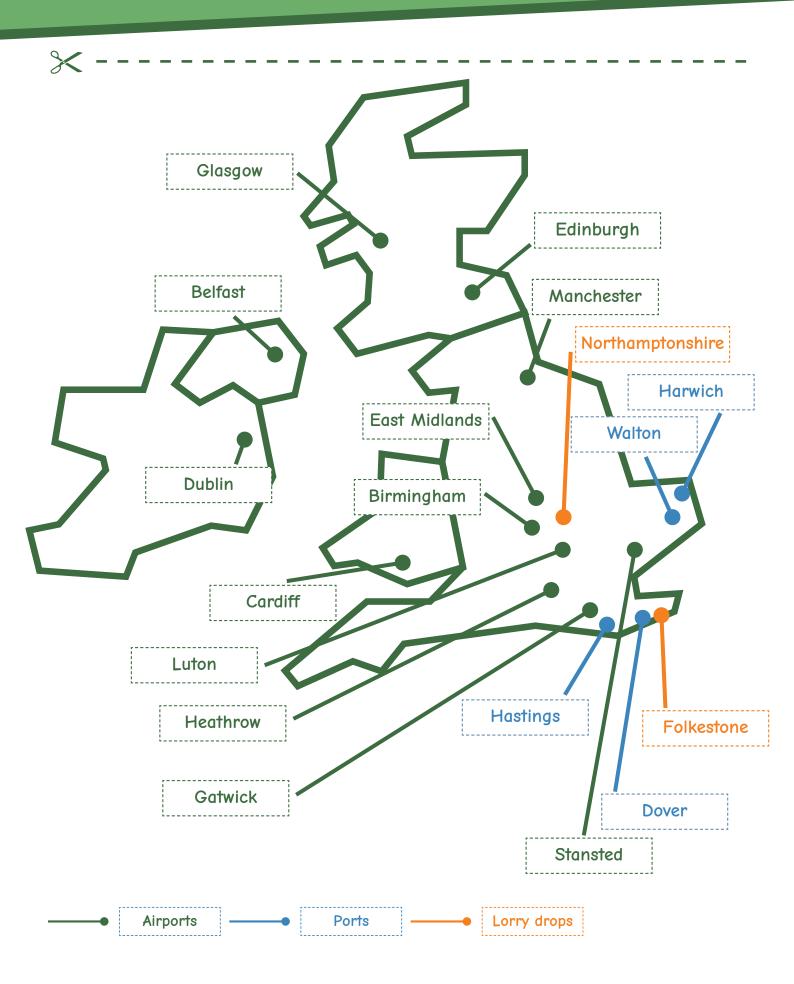
Africa

South America

Flags



Entry points



Travel



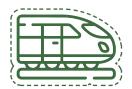


















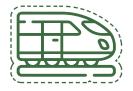






























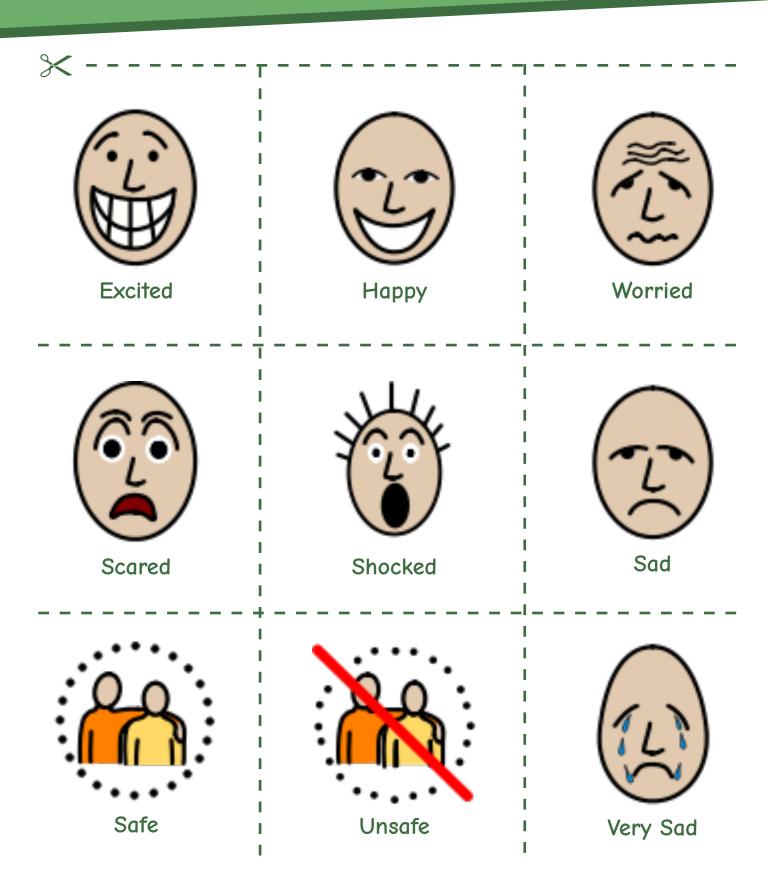


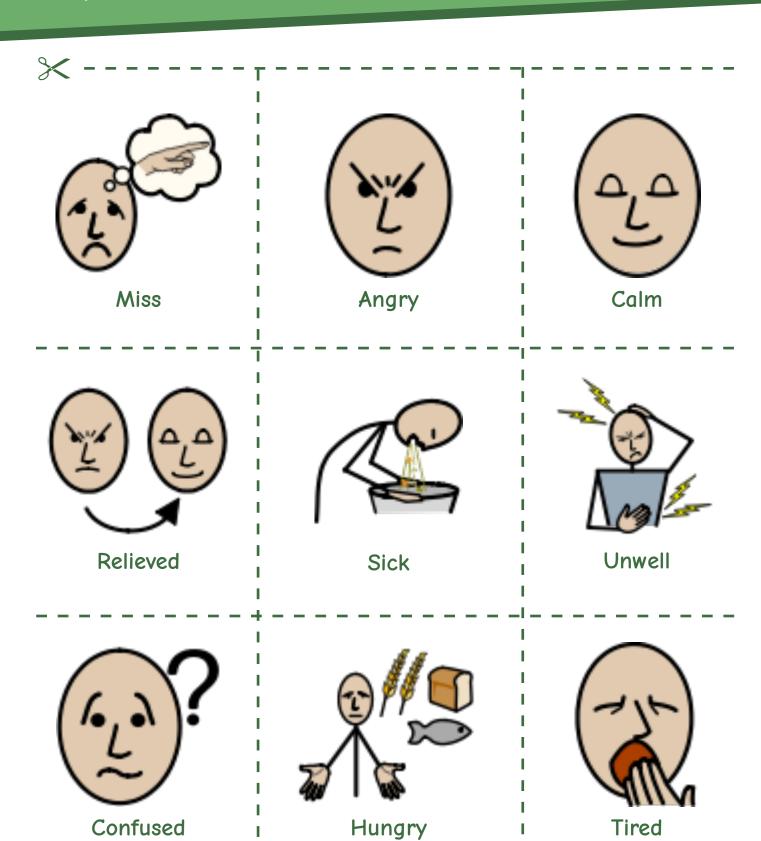




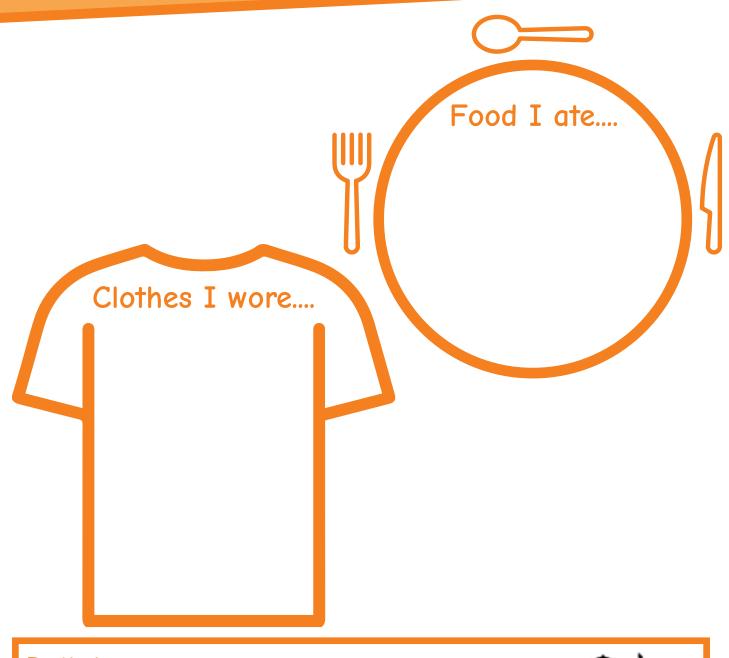
Use Helpsheets 9 and 10 and cut out what you would like to use

Thoughts and	feelings about moving
•••••	





Family traditions



Family traditions

Celebrations....



My language....



Do you need any support to continue these traditions?

Things I like to do in my Home Country

Use Helpsheet 11 and cut out what you would like to use				

Things I like to do in my Home Country

Helpsheet 11



Sports



Outdoor Activities



Arts and Crafts



Reading



Religious







Doing things by myself



Doing things with





Consoles



Social Media



Playing Instruments



Board Games



Football



Cooking



Drawing



Painting



Watching or listening to things online



Watching T.V.



Listening to music



Going to the park



Things I would like to do now

Us	Use Helpsheet 12 and cut out what you wo	Use Helpsheet 12 and cut out what you would like to use				

Things I would like to do now

Helpsheet 12



Sports



Outdoor Activities



Arts and Crafts



Reading



Religious





Doing things by myself



Doing things with friends



Consoles



Social Media



Playing Instruments



Board Games



Football



Cooking



Drawing



Painting



Watching or listening to things online



Watching T.V.



Listening to music



Going to the park



What makes you feel safe?

Use Helpsheet 13, 14 and 15 and cut out what you would like to use



What makes you feel unsafe?

Use Helpsheet 13, 14 and 15 and cut out what you would like to use



Support Worker...

When do/don't you feel safe?

Helpsheet 13

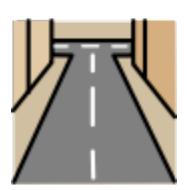




Home



Neighbourhood



Streets



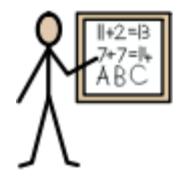
Area where I live



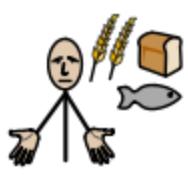
Park



School



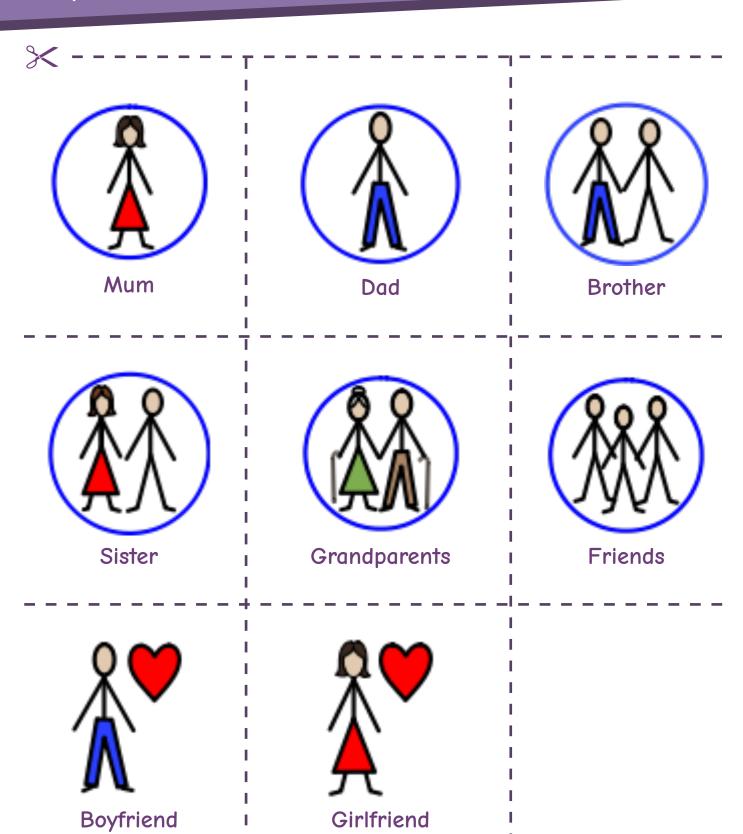
Teacher



Hungry

When do/don't you feel safe?

Helpsheet 14



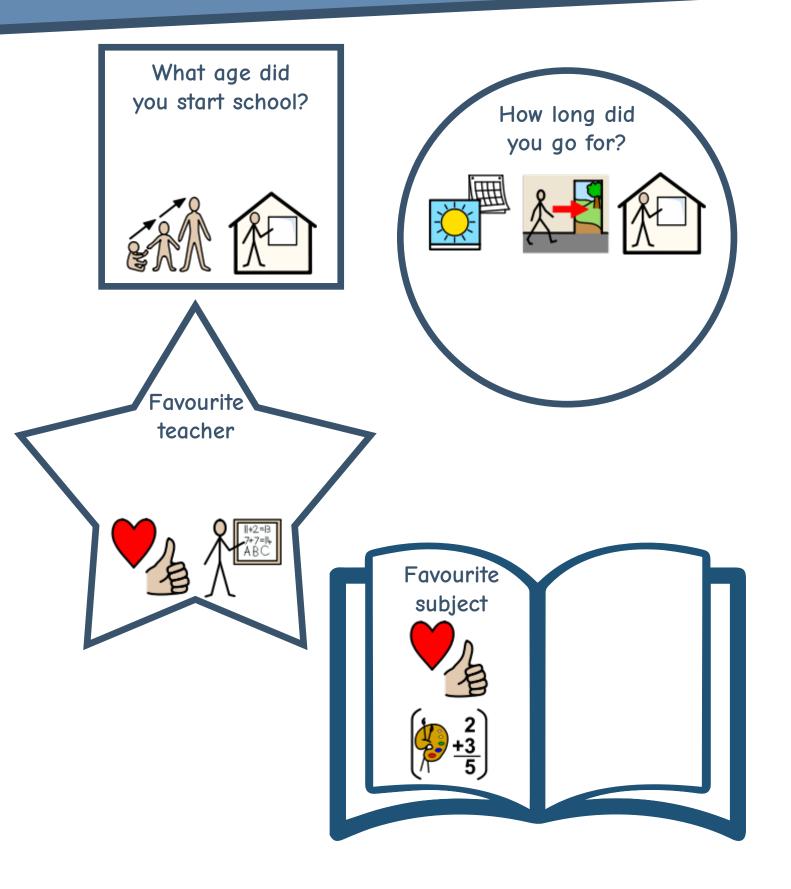
When do/don't you feel safe?

Helpsheet 15

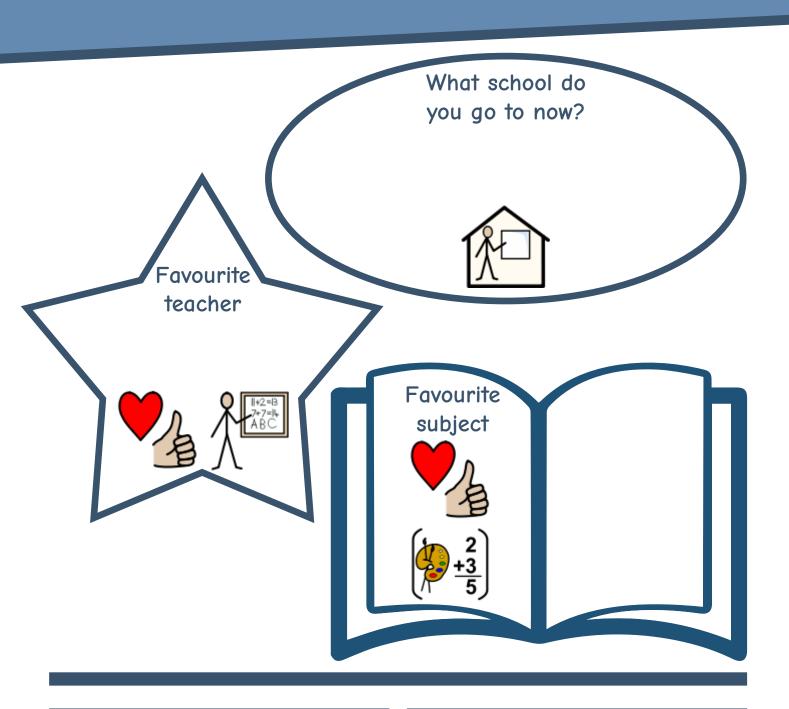


Unwanted touching

My learning in my Home Country



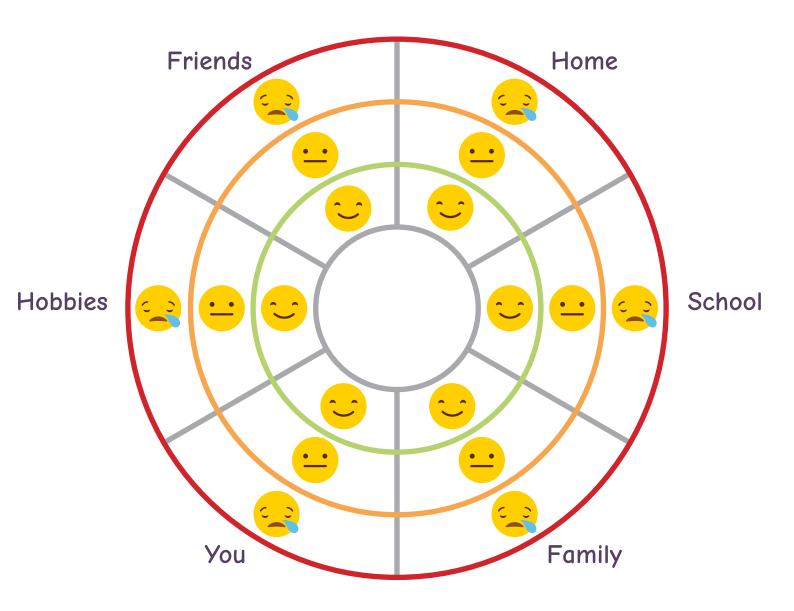
My learning



What support do you need in school?

What do you want to be when you grow up?





Support...

	How am I feeling?	What does this mean?	What can I do to help?
Blue Area	Sad Withdrawn Bored Tired Unwell	It can be difficult to engage in any kind of activity when you are in this state. Meeting your needs may help to regulate your emotions.	
Green Area	Happy Positive Focused Calm Proud	This is a good state of mind to be in for many situations, especially for learning at school.	
Yellow Area	Worried Anxious Frustrated Excited Silly	Regulating your emotions might be useful here. Excitement or silliness can be OK in some situations but not in others, such as learning at school.	
Red Area	Overexcited Panicked Angry Scared Out of control	This state is associated with an excess of energy and a loss of control, which can lead to issues in various situations.	

Use Helpsheets 16 and 17 and cut out what you would like to use

Sad Unwell Bored Tired Quiet Safe
Happy
Calm
Friendly
Excited

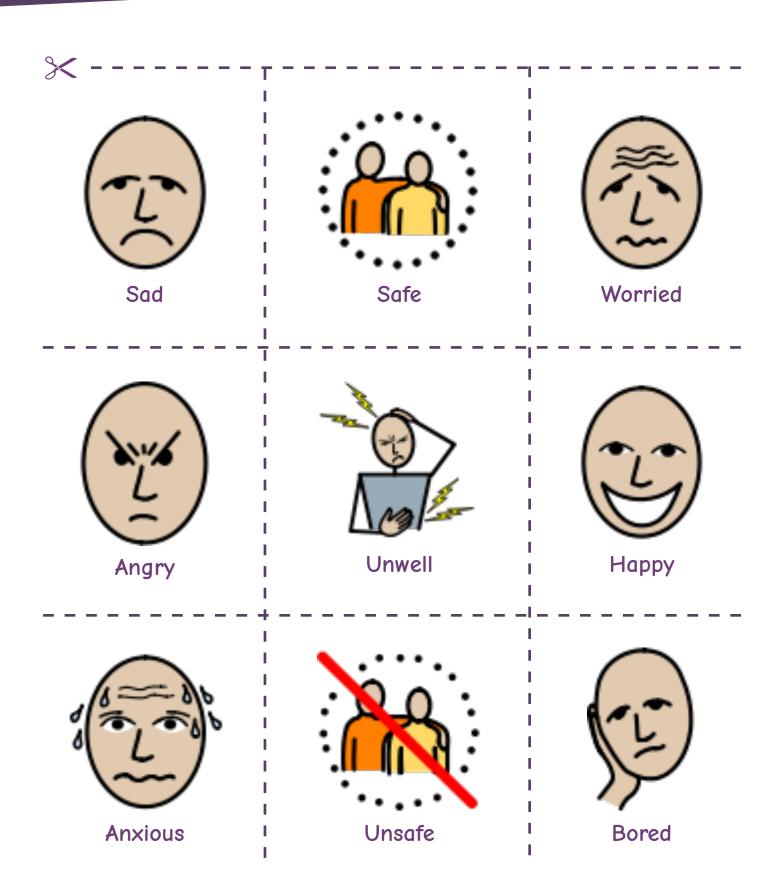
Worried
Anxious
Silly
Confused
Unfriendly

Angry
Unsafe
Scared
Frustrated
I need time out

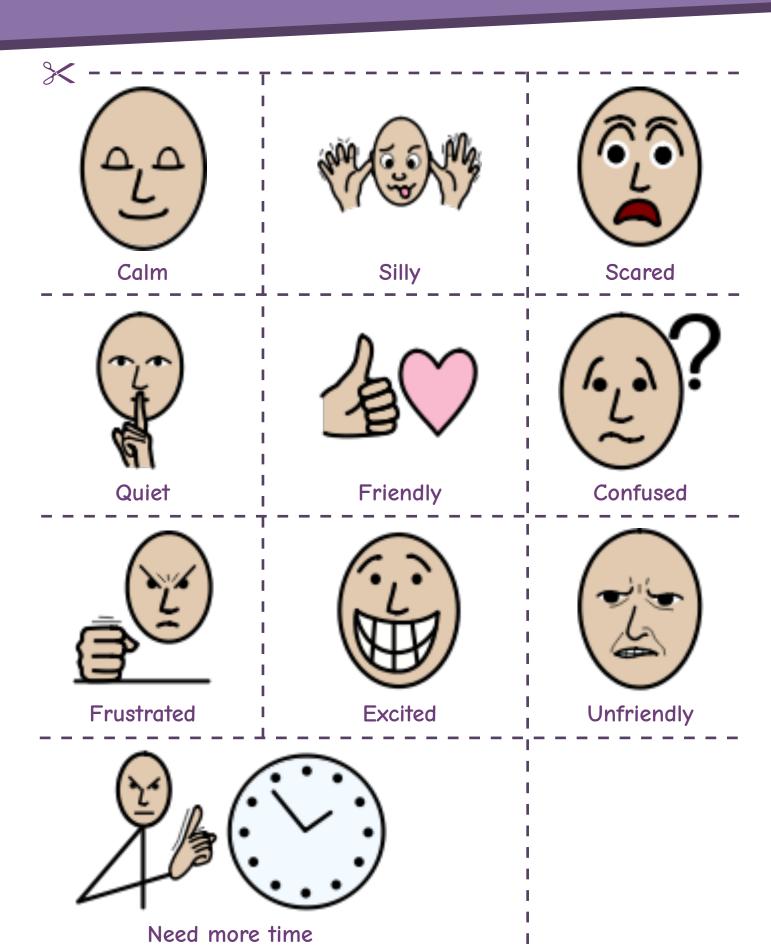
Draw your own balloon and choose any words from the balloons above or write your own words about how you feel?



Helpsheet 16



Helpsheet 17



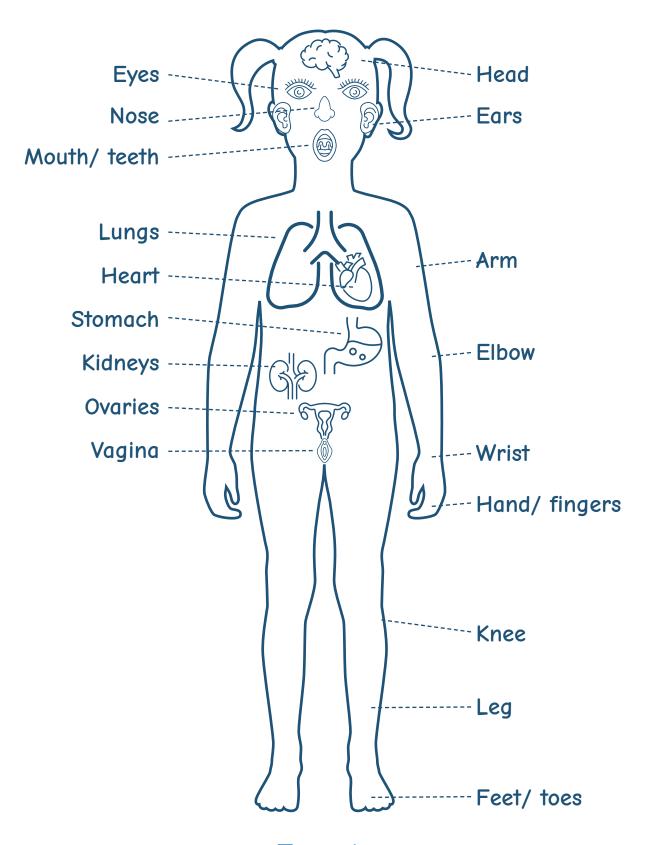
My Doctor		
My medication		+
My vaccinations/immuni	sations	a controlled

My Dentist

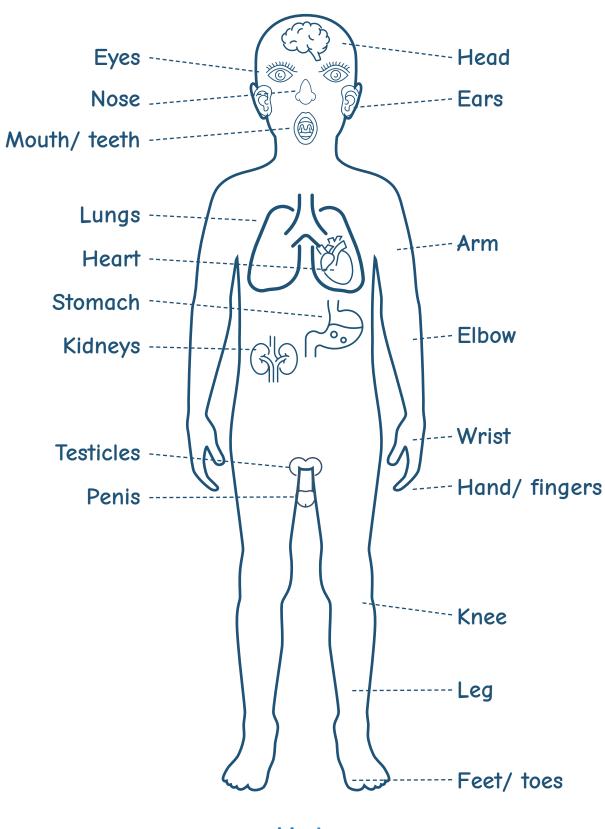


My Optician





Female



Action Plan



Name

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

Review



Name

¿no/	Not at all	
How much has it helped you?	A little	
How	A lot	