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INSERT PHOTO

**Pupil contribution to the**

**Education, Health and Care Needs Assessment (EHCNA)**

**OR Transfer Review**

**Age:**

**My Name:**

**Year Group:**

**School/College:**

**Completed by: Date:**

This booklet is completed in collaboration with the child/young person, using prompts to support the discussion.

Each section may include a few words, bullet points, short sentences or pictures/photos. Extra pages can be added if needed.

The completed booklet is included as an appendix to the Education, Health and Care Plan (EHCP).

What people like about me:

People who are important to me:

**All About Me**

**All About Me**



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Things that I am good at:



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Things that I find difficult:

I like doing:



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Things that are important to me:

**My Hopes & Dreams**

**My Hopes & Dreams**



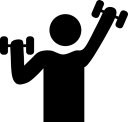
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Things that I would like to do:

I am able to:

**My Independence**

How I keep healthy:

**My Independence**

I need help with:

**My Support**

How you can help me:

**How To Involve Me In Decision Making**

How you can communicate important information with me:

**Life Would Be Better If…**



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