**My Story Guide**

**We want to know your views. You need to fill in this form so we know all about you and any extra help you may need at college. We also want to know about what you like/dislike and what you want to do in the future.**

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| **Following a discussion with ......................................I am confident that they have understood why they need an EHCP assessment and what the process is. Why?****If this is not the case please state why below:** |

**Photograph**

**Optional**

(Parent’s consent required)

**My Story**

**Post 16**

**All about me**

**Name:**

**Date of Birth:**

**Address:**

**Name of College**

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| --- |
| **What are the top 3 things you like doing?** |

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| --- |
| **What are the top 3 things you dislike?** |

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| --- |
| **What do you like doing in your spare time? (hobbies, days out, activities, who you like to spend time with)** |

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| **Why do you think you need extra help and support?** |

**Who is in your life? Do you want us to contact any of these people for information? If so please give names and contact details.**

**Family and Friends (eg Who do you live with? Who do you spend a lot of time with?)**

**College (eg Teachers, TAs, friends)**

**Health (eg Doctors, Nurses, Occupational Therapist)**

**Social Care (eg Social Worker, Next Step Worker)**

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| **Anyone else? (eg Youth Club, Youth Worker?)** |

**At College**

**How best to support me**

**What’s the best thing about college? (What subjects do you enjoy? What activities do you enjoy? What are you good at? What support works well?)**

**What’s the worst thing about college? (What subject do you find difficult? What activities do you dislike? What doesn’t work well?)**

**What could be done to make college better for you?**

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| **Do you have any health needs that you need help with at college?**  |

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| **What help do need at college? (in class, at break times, lunch time to be more independent)** |

**Aspirations – What are your hopes and dreams for the future?**

**What would you like to do next?**

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| **What new skills would you like to learn or what skills would you like to develop further?**  |

**What are you long term goals at college or at home or in the community? What is your dream job? Where do you want to live?**

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| **Further details (Please circle)**

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| --- | --- |
| Have you had a Special Educational Needs Statement / LDA previously? | Yes / No |
| Do you have a Medical Care Plan or need one to be developed? | Yes / No |
| Do you have or use any specialist equipment or resources? (e.g. hearing aid, wheel chair) | Yes / No |
| Do you have a diagnosis? If so what? | Yes / No |
| Are you on medication? | Yes / No |

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**Personal Information**

|  |  |
| --- | --- |
| Full Name |  |
| Date of Birth |  |
| Address |  |
| Phone Number |  |
| Mobile Number |  |
| Email Address |  |
| First Language |  |

**Consent for EHC Statutory Assessment**

**Please sign below to indicate that you understand and give consent to the release and sharing of information as indicated with other local authority and health professionals**

Consent for Assessment - to be completed by the young person

I (insert name of young person ……………………….............…) give my consent to: (Please circle)

* A psychological assessment YES / NO
* The release of health information YES / NO
* Release of Social Care information if you have help from them. YES / NO
* My common assessment framework (CAF) being distributed to other professionals. (This is only applicable for under 18s) YES / NO
* Is an interpreter/assistance required? YES / NO
* Are you happy for us to discuss your application for an EHCP YES / NO with your parents/carers or is there someone else you would like

` us to speak to (for example grandparents)?

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| --- | --- | --- |
| How would you like to be involved in the process? Do you want to be in charge but have support from a parent/carer? Or would you like to nominate someone to take over the EHCP process for you? |  | **Name and contact details** |

**IMPORTANT – PLEASE COMPLETE SIGNATURES ON NEXT PAGE**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Signed** | **Print Name** | **Date** |
| I understand the information recorded in the My Story and give consent to the above. |  |  |  |
| Form completed by: |  |  |  |
| **IMPORTANT - PLEASE NOTE: THIS REFERRAL CAN NOT BE PROCESSED UNLESS THE SECTION ABOVE HAS BEEN SIGNED AND THE CONSENT QUESTIONS ANSWERED YES/NO. PLEASE DO NOT SUBMIT ANY MY STORY PAPERWORK WITHOUT A SIGNATURE FROM THE YOUNG PERSON AND THE CONSENT SECTION COMPLETED AS IT WILL HAVE TO BE RETURNED AND DELAY THE PROCESS.**  |

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| --- |
| PLEASE RETURN THE SIGNED MY STORY TO: **SPECIALEDUCATIONALNEEDS@SALFORD.GOV.UK** **and** **VICKY.CUSICK@SALFORD.GOV.UK** **OR VICKY CUSICK, 1ST FLOOR, BURROWS HOUSE, 10 PRIESTLEY ROAD, WARDLEY INDUSTRIAL ESTATE, WORSLEY, MANCHESTER M28 2LY****IF YOU HAVE ANY QUESTIONS PLEASE CALL VICKY CUSICK ON 0161 778 0443.** |