**My Story Guidance**

1. The My Story form must be completed with the young person that the request is being made for and the parent. My Story will be used to capture the young person and parent’s views to support the request for an Education Health Care Plan (EHCP).
2. If more than one parent has shared their views, please ensure that you gain both parents signatures.
3. If the young person does not have the capacity to understand the questions, please ensure that the parent answers the questions on the young person’s behalf. If so, please make a note on page 2 if the parent has answered the questions for the young person.
4. Please complete sections in the first person. If you are giving your own professional view, this must be made clear.
5. My Story must be submitted alongside the request for statutory assessment.
6. If the child has a Common Assessment Framework (CAF) form, relevant details from the CAF **can** be included in the My Story, provided the CAF information is relatively up to date, i.e. has been completed within the past 6 months. Please ring **0161 607 4239** to enquire whether the young person has a CAF.
7. My Story will not automatically guarantee an EHCP for the young person. If the request does not progress to an EHCP, My Story can be used to explore services or resources that may be able to support the young person as part of the Salford Local Offer.

**Photograph**

**Optional**

(Parent’s consent required)

**KS3/KS4**

**My Story**

**Pen Picture (Young Person)**

**My Name;**

**I was born on;**

**I live at (address);**

**Current school;**

**Important to me now and in future**

**Which 3 people or things are most important to you?**

**What do you like to do in your spare time when you are not in school/college?**

**What subjects do you like in school/college?**

**What subjects do you dislike in school/college?**

**How best to support me**

**What could help you to improve in this subject/s?**

**What other aspects of school/college life do you like?** (This could be the social aspect of school or relationships with teachers and other pupils)

**What other aspects of school/college life do you dislike?**

**Do you have a say in decisions made about you in school/college, if so, what?**

**If you could change one thing at school/college, what would it be?**

**How can people keep you safe?**

|  |
| --- |
| **Which of the following areas do you need help with?** (Tick and comment below) |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | I don’t need the help | I’m not sure | I need help with this | What can we do to help you? (only comment if help is needed) |
| My Health |  |  |  |  |
| My feelings and emotions |  |  |  |  |
| The way that I see myself (self esteem) |  |  |  |  |
| School/college work |  |  |  |  |
| My relationship with my family |  |  |  |  |
| Managing money |  |  |  |  |

**Hopes and Aspirations**

**What do people like most about you?**

**What would you like to do when you leave school/college?**

**What would you like to be able to do without adult help?** (Ways to be Independent)

**What are your hopes and dreams for the future?** (This can relate to how the young person would like to be viewed by others in school/college, at home or in the community)

**Parent Pen Picture**

**Background and Family Make Up**

|  |
| --- |
| **Background** (e.g. premature birth, medical history, past factors that have led to your young person needing additional support) |

|  |
| --- |
| **Details of previous educational provisions** |

|  |
| --- |
| **What do you think your young person’s main difficulties are?**  |

|  |
| --- |
| **What issues might affect caring for your young person?** (e.g. not understanding information due to learning difficulties, unable to concentrate due to autism, accessibility of resources etc) |

|  |
| --- |
| **The people who live in our family are…** |

|  |
| --- |
| **Other close family members are...** (e.g. extended family) |

**What’s Important to Me**

|  |
| --- |
| **What’s important to you regarding your young person’s learning?** |

|  |
| --- |
|  **What support do you think your young person requires in school?** (If parent is unsure, offer examples such as, one to one support, being in classes with other SEN young people, access to speech and language therapy or a school that is accessible for their young person)  |

|  |
| --- |
| **Why do you think your young person needs this support in school?** |

**What type of schooling would you like for your young person (Please tick)**

**Mainstream School**

* Mainstream provision with additional support delivered within school to meet young person’s needs

**Resourced provisions - mainstream schools which are additionally resourced to meet a particular special educational need**

* Communication and Language
* Moderate Learning Difficulties
* Autistic Spectrum Disorder
* Social and Emotional Difficulties

**Special School**

* Special School (learning difficulties)
* Special School (emotional and social difficulties)

|  |
| --- |
| **Why do you want this type of school/college for your young person?** |

|  |
| --- |
| **What currently works well at your young person’s school/college?** |

|  |
| --- |
| **What could be improved at your young person’s school/college?** |

**Future Achievements**

|  |
| --- |
| **What aspirations do I/we have for my/our young person?****What wishes do I/we have around my/our young person’s physical/emotional health?****What I/we wish for to enable support for my/our young person to become more independent in future?** (Prompt parent to think of situations that they would like the young person to do more often without their help)**What is important to keep my/our young person safe?** (get parent to think of situations where the young person might be vulnerable, such as being around strangers and road safety awareness) |

**Professionals who support your young person**

**From the following list of professionals whose views would you liked to be considered in the assessment?**

|  |  |
| --- | --- |
| **Professional** | **Name and contact details** |
| GP |  |
| Health Visitor |  |
| Social Worker |  |
| Paediatrician |  |
| Early Support |  |
| Audiologist |  |
| Educational Psychologist |  |
| Speech and Language Therapist |  |
| Advisory team for Sensory Impairment |  |
| Family Support |  |
| Clinical Psychiatrist |  |
| Lead Professional |  |
| Other Specialist (please state) |  |

|  |
| --- |
|  |
| **Further details (Please circle)**

|  |  |
| --- | --- |
| Does your child have a CAF (Common Assessment Framework) | Yes / No |
| Has your child had a Special Educational Need Statement done previously? | Yes / No |
| Does your child have a Medical Care Plan or need one to be developed? | Yes / No |
| Does your child have or use any specialist equipment or resources? (e.g. hearing aid, wheel chair) | Yes / No |
| Does your child have a diagnosis? (Please state) | Yes / No |
| Has your child had time in hospital? | Yes / No |
| Is your child on medication? | Yes / No |

 |

**Personal Information (Parents)**

|  |  |
| --- | --- |
| Full Name |  |
| Date of Birth |  |
| Address |  |
| Phone Number |  |
| Mobile Number |  |
| Email Address |  |
| Religion |  |
| Ethnicity |  |
| 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 parent/those with parental responsibility only (Please circle)

I (insert name of parent/carer…………………………) give my consent to:

* A psychological assessment for (add young person’s name)…… YES/NO
* The release of health information YES/NO
* The child’s common assessment framework being distributed to other professionals YES/NO
* Information being passed to Salford Information and Advice Support Service (SIASS) YES/NO
* Is an interpreter/assistance required? YES/NO

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Signed** | **Print Name** | **Date** |
| The child/young person understands the information recorded in the My Story (if applicable) |  |  |  |
| The parent/carer/s understands the information recorded in the My Story  |  |  |  |
| The school/college understand the information recorded in the My Story |  |  |  |
| Form completed by: |  |  |  |

Please note that should the assessment go ahead you will be invited to a local clinic so that your child’s health and progress can be reviewed by a Paediatrician and advice provided. It is essential that you attend the medical appointment to avoid delays in completing the assessment.