

ABOUT ME

This document is for use with all disabled children/young people receiving Short Term Breaks.

The aim of this document is to ensure that ALL relevant information regarding the child/young person's individual needs/wishes are recorded, which will be shared with prospective/identified carers.

The document should be completed prior to the Planning Meeting and will be used as part of the matching process.

This document should be completed in consultation with the child/young person. Some children/young people may require assistance to have their needs/wishes represented. Therefore it may be appropriate to complete this document with both the child/young person and their primary carers.

ABOUT ME

INFORMATION FOR CARER

MY NAME IS MY DOB IS

I LIKE TO BE KNOWN AS:

MY GENDER IS MY ETHNIC ORIGIN IS

MY WEIGHT IS MY HEIGHT IS

MY RELIGION IS MY FIRST LANGUAGE IS

I LIVE AT

MY PARENTS/CARERS ARE:-

1

2.

RELATIONSHIP TO ME

RELATIONSHIP TO ME.

ADDRESS

ADDRESS

TEL. NO DAY TIME/EVENING
WEEKEND

TEL. NO. DAY TIME/EVENING
WEEKEND

OTHER PEOPLE LIVING IN MY HOUSE

AGE

RELATIONSHIP

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

OTHER SIBLINGS

_____	_____	_____
_____	_____	_____
_____	_____	_____

ANY PETS? YES/NO _____

IF YOU NEED TO CONTACT SOMEONE QUICKLY AND MY PARENTS/CARERS ARE NOT IN, THIS IS WHO I WOULD LIKE YOU TO CONTACT

NAME:

TELL. NO:

ADDRESS

RELATIONSHIP

HEALTH/MEDICAL MATTERS

MY GP IS:

ADDRESS

TEL . NO:



OTHER DOCTORS I VISIT FROM TIME TO TIME ARE:

1. DR.

2. DR.

REASON FOR VISIT:

REASON FOR VISIT:

INFECTIOUS ILLNESSES (put a Circle Around Those You Have Had)

MEASLES

MUMPS

CHICKEN POX

WHOOPING COUGH

GERMAN MEASLES

TUBERCULOSIS

I HAVE BEEN INOCULATED AGAINST THE FOLLOWING:- (Put a Circle Around Those You Have Been Vaccinated Against)

MEASLES

POLIO

DIPHTHERIA

WHOOPING COUGH

MUMPS

SMALL POX

GERMAN MEASLES

HIB

I HAVE/HAVE NOT HAD A TETANUS INJECTION.

NATURE OF MY DIABILITY/ILLNESS

I DO/DO NOT HAVE SPECIFIC HEALTH PROBLEMS/ALLERGIES. (If yes please say what they are any precautions that can be taken).

MEDICATION

I TAKE THE FOLLOWING PRESCRIBED MEDICATION

<u>NAME</u>	<u>DOSAGE</u>	<u>WHEN TAKEN</u>	<u>WHAT FOR</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

YOU ALSO NEED TO KNOW:- (please indicate how medication is taken)

SCHOOL

I GO TO _____ SCHOOL

ADDRESS _____

TEL NO. _____

MY HEAD TEACHER IS _____

MY CLASS TEACHER IS _____

MY SCHOOL NURSE IS _____

OTHER STAFF I SEE AT SCHOOL ARE



WHAT I LIKE ABOUT SCHOOL IS

WHAT I DISLIKE ABOUT SCHOOL IS

MY FRIENDS AT SCHOOL ARE

THINGS I TAKE TO SCHOOL ARE

TRANSPORT

I TRAVEL TO AND FROM SCHOOL BY:

NAME OF COMPANY

TEL NO:

MY DRIVER'S NAME IS:

MY ESCORT'S NAME IS:

YOU MAY/MAY NOT CONTACT SCHOOL ABOUT ME WITH/WITHOUT TALKING WITH MY PARENTS/CARERS FIRST

NURSERY/FAMILY CENTRE/ASSESSMENT CENTRE

(If not Applicable Please indicate And Move On)

NAME OF CENTRE/
ADDRESS

TEL NO.



THE MANAGER'S NAME IS: _____

MY KEY WORKER'S NAME IS: _____

THE DAYS I GO ARE:

THINGS I TAKE WITH ME ARE:-

YOU MAY/MAY NOT CONTACT _____ ABOUT ME
WITH/WITHOUT TALKING WITH MY PARENTS/CARERS FIRST. (Delete as necessary).

PLAY GROUPS/SOCIAL CLUBS

(If not Applicable Please Indicate and Move On)

THE NAME OF MY GROUP/CLUB IS:

1.

2.

MEETING PLACE

MEETING PLACE

TEL. NO.

TEL. NO.

DAY AND TIME

DAY AND TIME

I TRAVEL THERE BY:

I TRAVEL THERE BY

I TAKE WITH ME:

I TAKE WITH ME:

PLAYTIME/LEISURE TIME/ACTIVITIES

MY FAVOURITE ACTIVITIES INDOORS ARE:



MY FAVOURITE ACTIVITIES OUTDOORS ARE:

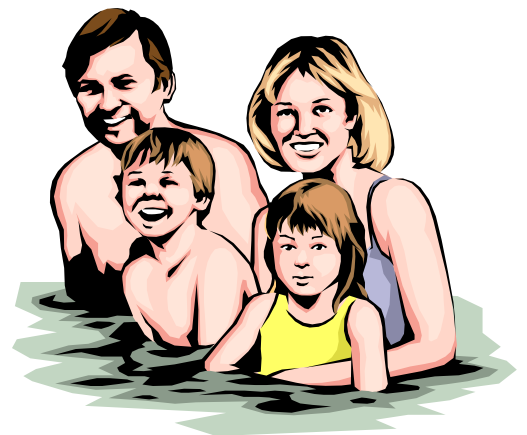
MY FAVOURITE TOYS/THINGS ARE

:
WHEN I AM WITH OTHER CHILDREN, I:

I AM/AM NOT ABLE TO OCCUPY MYSELF FOR A SHORT TERM

SWIMMING/WATER PLAY

I LIKE/DO NOT LIKE WATER



WHEN I GO SWIMMING THIS IS WHAT YOU NEED TO KNOW (please note Anything Which Needs To Be Taken Into Account, E.G. Water, temperature, Level of Supervision etc.

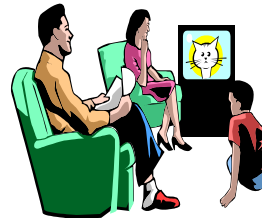
MUSIC



I DO/DO NOT LIKE MUSIC

MY FAVOURITE MUSIC IS

TELEVISION



I DO/DO NOT LIKE TELEVISION

MY FAVOURITE T.V. PROGRAMMES ARE

COMMUNICATIONS

SO THAT YOU CAN UNDERSTAND OR RECOGNISE
MY WISHES AND FEELINGS YOU WILL NEED TO
KNOW THIS ABOUT ME



I HAVE A RIGHT TO MAKE DECISIONS/CHOICES ABOUT THINGS THAT INCLUDE
ME. THE THINGS I LIKE TO MAKE CHOICES ABOUT

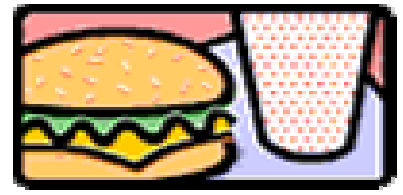
AT TIMES LIKE ALL CHILDREN/YOUNG PEOPLE I MISBEHAVE, SOME OF THE THINGS I DO ARE:

AGAIN LIKE ALL CHILDREN/YOUNG PEOPLE I NEED SOMEONE TO LET ME KNOW WHEN I AM MISBEHAVING, WHEN THIS IS NEEDED I SHALL EXPECT YOU TO:

THE MOST EFFECTIVE REWARD WHEN I AM BEING WELL BEHAVED IS:

I ALSO NEED YOU TO KNOW

FOOD AND DRINK



MY FAVOURITE FOODS ARE:

I DO NOT LIKE:

MY FAVOURITE DRINKS ARE:

I DO NOT LIKE:

WHEN I AM HAVING MY MEALS I WOULD LIKE YOU TO:

I ALSO NEED YOU TO KNOW: (Please indicate any allergies or food/drinks which must not be given)

WASHING AND BATHING

MY MORNING ROUTINE IS:



WHEN I AM WASHING AND BATHING I WOULD LIKE YOU TO

I ALSO NEED YOU TO KNOW: (please indicate if any aids are used)

WHEN BRUSHING MY HAIR AND CLEANING MY TEETH, I NEED YOU TO KNOW

GETTING DRESSED AND UNDRESSED



WHEN GETTING DRESSED I NEED YOU TO KNOW THAT:

WHEN GETTING UNDRESSED I NEED YOU TO KNOW THAT:

MY FAVOURITE CLOTHES ARE:

I DISLIKE WEARING

BEDTIME

I USUALLY GET READY FOR BED AT _____

AND ACTUALLY GO TO BED AT _____

AT WEEKENDS AND HOLIDAY TIMES MY BEDTIME IS

MY BEDTIME ROUTINE IS:

I SLEEP IN BED/COT WITH A DUVET/BLANKETS, THE LIGHT ON/OFF AND THE DOOR OPEN/CLOSED. (please delete as appropriate)

I ALSO NEED YOU TO KNOW (write down anything else to take into consideration to help you settle)

I USUALLY WAKE UP AROUND _____ o'clock

AND I AM/AM NOT CONTENT TO BE LEFT ON MY OWN FOR A WHILE

SNOOZES

I DO/DO NOT HAVE REGULAR NAPS IN THE DAY

TOILET NEEDS

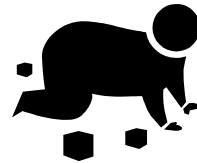
I NEED YOU TO KNOW (please write down whether you need help or not and if so in what way, aides etc.)

WHEN I NEED THE TOILET I WILL LET YOU KNOW BY:- (words used gestures etc)

GETTING ABOUT AND MOVING AROUND

I AM/AM NOT ABLE TO WALK ABOUT INDEPENDENTLY

(please delete as appropriate)



I ALSO NEED YOU TO KNOW (please write down if you use any aide to help you get about)

WHEN I AM OUT AND ABOUT YOU NEED TO KNOW (please write about any safety measure that needs to be taken into consideration, e.g. road safety, steps etc)

TRAVEL

WHEN TRAVELLING IN THE CARE I (please write whether you need a harness, someone to sit with you, sickness etc)

WHEN TRAVELLING BY BUS:

KEEPING SAFE

I HAVE A RIGHT TO BE SAFE AND NEED YOU TO BE AWARE THAT:

DOING SOMETHING NEW!

WHEN DOING SOMETHING NEW OR MEETING NEW PEOPLE I SOMETIMES FEEL:

IF I GET UPSET OR NEED REASSURANCE, I WOULD LIKE YOU TO

OTHER THINGS YOU NEED TO KNOW ABOUT ME ARE