

Getting to know me!

A planning booklet for the parents and carers of disabled young people.



This booklet is to help you think about your young person becoming an adult, what they would like to do, and the help that they might need.



Try and think about the questions from your young person's point of view.



Your young person will also be doing a plan, and they can keep this.



When you've done this you need to bring it to your young person's review meetings, so that you can share it with the people who are there to help.

Section 1

Young Person's Name		Date of Birth	
Young Person's Address			
Phone Numbers	Home		
	Mobile		
	Work		
	Emergency Contact		
	Other		
Name of Parent(s)		Parent contact Numbers (if different)	
Parent Address (if different from child's address)			
Who does the young person live with?		Number of brothers & sisters	
Name of Carer (if no parent)		Carer Contact Number	
Carer's Address			
Person with Parental Responsibility			

Who am I?



**People who are important
to me**



Things I'm good at



My dreams/wishes for the future



What is important to me



My family's dreams for me



What makes me happy?



What do I do when happy/what do people need to know?

What support do I need?

What makes me sad?



What do I do when I am sad/what do people need to know?

What support do I need?

What makes me angry?



What do I do when I am angry/what do people need to know?

What support do I need?

What are people that are good at supporting me like?



What do they do?

Where I live



Am I happy with where I live?

Where do I want to live in the future?

How do you as parents/carers feel about caring for the young person now and in the

Do you want a separate carer's assessment?

Yes

No

These are the services the young person uses:

<u>Current Support/Services (Health, Community Care and other services, including private arrangements)</u>	<u>Are these services appropriate/meeting the needs of the young person?</u>

This grid looks at different areas of support that your young person may need support with. Think about what support that they need to carry out each task, who gives them the help that they need, and whether there is a need for extra support.

	Independent	Some prompting	Prompting and some physical support	Full physical support	Comments (What support is needed, do you find it easy/difficult to support this need)
Self Care Skills: Personal Care, Health and Hygiene					
Getting in/out of bed					
Washing and dressing/undressing					
Bathing and showering					
Ability to choose clothes and dress appropriately					
Shaving and grooming					
Toileting					
Incontinence Management					
Menstruation management					
Medication					
Care of personal possessions					
Care and use of such things as hearing aids and wheelchairs					
Eating and drinking					

Domestic and community activities					
Sense of danger/safety/awareness					
Ability/dexterity in use of kitchen and domestic appliances					
Planning and preparation of simple snacks, drinks and meals					
Shopping					
Money management including understanding the concept of money and the ability to take care of their own money					
Use of telephones					
Living in the community					
Making friendships and relationships					
Taking part in community activities					
Interaction with the General Public					
Travel – Road Safety					
Using public transport					
Travelling in the car					

Travelling by foot					
Crossing the road					
Mobility					
Getting around the house					
Getting around outside					
<i>Other (please specify)</i>					
<i>Other (please specify)</i>					
<i>Other (please specify)</i>					
<i>Other (please specify)</i>					