

# Single Assessment Framework and Plan –Pilot -“It’s all about me- My Plan”

for

First Name	Surname	Preferred Name
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Contact Address	Date of Birth	Early Years/school/college/placement
Phone number	Ethnic origin	Year group
	NHS/NI no:	Unique pupil number

## My family and people who are important to me

Parent or carer(s):

Names	Addresses (if different)
Parental responsibility?	
Phone number	Email

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**Other people who are important to me** *This could be brothers, sisters, relatives, friends, people at nursery,/playgroup, school college/work, people helping with care*

Name	Who they are and why they are important

**About me**

What people like and admire about me:

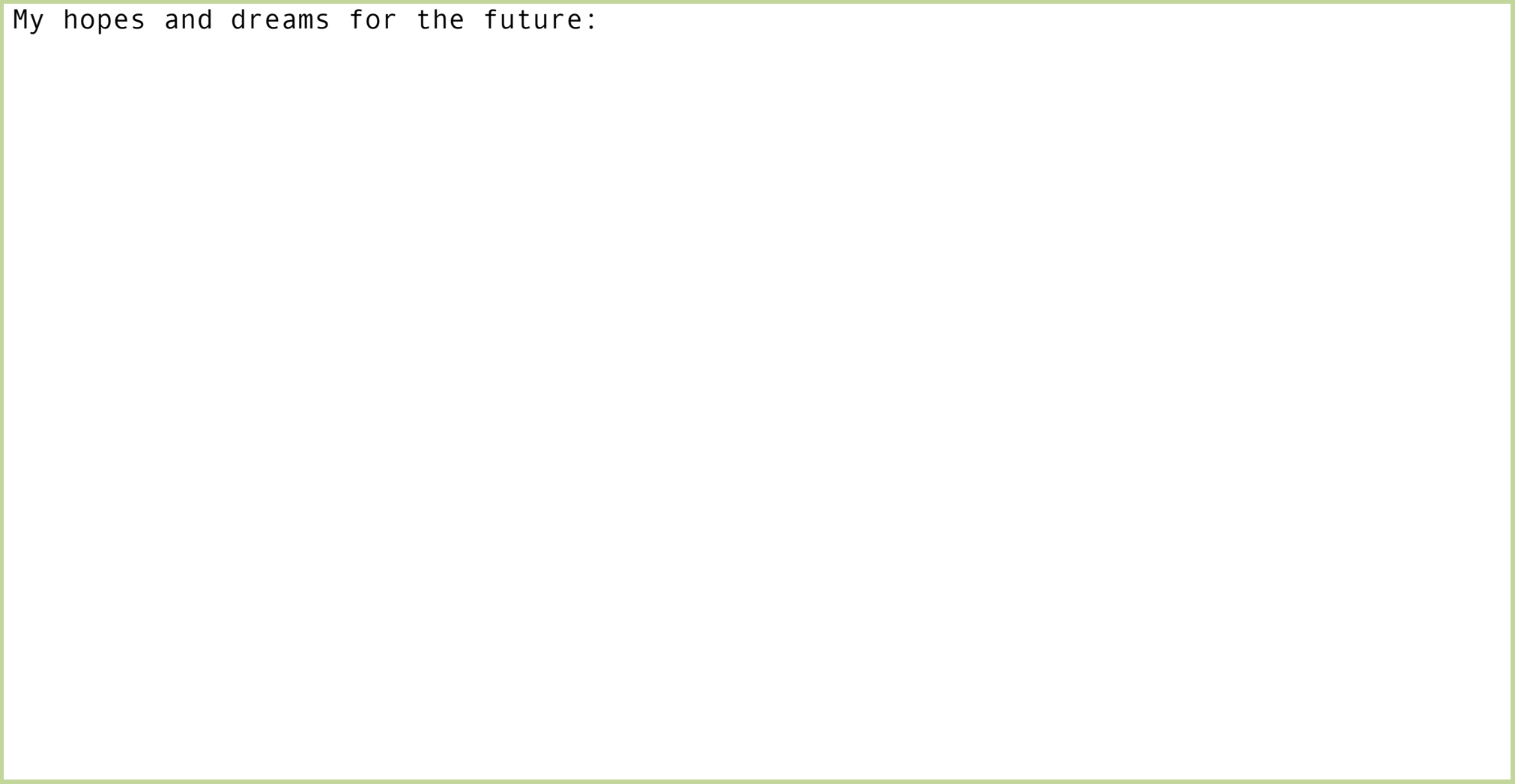
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What is important to me:

How best to support me:

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My hopes and dreams for the future:



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**What is important for me** - this might include things in the following areas of my life:

My health

My physical development and mobility (e.g. mobility/ sensory/ obesity)

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How I communicate

How I feel and behave

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How I get on with people around me

My learning

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My listening and understanding

Working things out and solving problems



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My family

Taking care of and doing things for myself

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My home and where I live

Activities and having fun

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Keeping safe

**What is important for me in the future** (this might include being healthy, being able to join in activities, school, friendships, relationships, training, work, being more independent, transport, housing, achieving healthy weight, stop smoking)

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**What is important for my parent/carer(s) and family**

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What is working and what is not working so well for me and my family.

	Working	Not working so well
My view		
Family view		
Professionals view		

## **Single Assessment Framework and Plan –Pilot -“It’s all about me- My Plan”**

**Summary of the important areas in my life that need support**

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## Shared Action Plan

This is a list of everything that people have agreed to do and how they are going to do it, including parent/carer and family, community, voluntary groups and mainstream and specialist services. To include transport needs and how personal budget will be spent if relevant.

Need	Outcome	What we will do	Who will do this	By When	For how long and how often	How funded

Next Agreed Review Date

How often will reviews happen?

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How we will know these actions are working

Outcome	How will we know we are successful





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The child/young person/family agrees to this plan being shared with the following people:

Name	Role	Contact details

### Appendices

*Add anything else which should be included to help with this plan such as detailed medical assessments, extra information such as communication charts used with the child or young person.*

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*Plan agreed by*

Name	Role	Signature	Comments