

• To be completed by the child or young person with adult support if necessary

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1	My Name	is:	
Insert Photo	I like to be called:		
	Emergency contact phone number:		
	Emergency contact name:		
The things I find difficult	are:		
- The state of the			
The support I need is:			
How to know if I need help	:	What you can do to help me:	
I would like you to know:			
2 would me you to miow.			

My Communication profile



	How I communicate:	
	How you can communicate with me:	
	What I find difficult:	
	How you can help:	
	Allowaicas	
	Allergies: My health needs:	
I consent for this information to be shared as appropriate.		
•	Signature Date	

	Any further Information from the parent:
•	
	Signature of Parent/Person with PR:
	Print Name Date Date