

My Health Care Plan

All About Me

Annie Moss Early Years Complex Needs Support Worker Halton SEN Service

			t a
FIMAIL:	annie.	moss@na	lton.gov.uk

My PEP

PHONE: 0151 511 8722

		I live with:			e who live with me and look after me, want	you
My name is:				to kno	ow:	
I like people to call me:						
I live at:		Other people who are in	mportant to me:	Му р	rimary area of need is:	
My birthday is:						
				I also	need help with:	
Profile Completed on:						
This is how to communicate with me:				Other my ne	r people/services that work with me and kno	w
					ecus.	
I will communicate with you using						
Twin communicate with you assign.		PHC	ото			
				Things	s I don't like:	
My strengths and talents:		My favourite things (mo	tivators):	Timigs	Tuon tine.	
rnings that you also need to know abo	out me are inc	cludea in:				
My SEN Support Plan		My EHCP	My Risk Assessme	nt	Speech and Language Care Plan	

Manual Handling Plan

Boxall Profile



Name:

Annie Moss Early Years Complex Needs Support Worker Halton SEN Service

EMAIL: annie.moss@halton.gov.uk

PHONE: 0151 511 8722

My SEN Support Plan

D.O.B:			
Start date:			
Review date:			
Area of need	What I want to be able to do	What will I need to help me achieve my outcomes?	How did I get on?

My SEN support plan was created by:

My (Mummy/Daddy/Carer): (Insert name/s)

My Early Years Complex Needs Worker: (Insert name)

Things that you also need to know about me are included in:

My SEN Support Plan	My EHCP	My Risk Assessment	Speech and Language Care Plan
My Health Care Plan	Boxall Profile	Manual Handling Plan	My PEP