




EDUCATION HEALTH CARE PLAN




Part 2 is all about you. This is your chance to tell everyone that Supports you what's going well and what needs to change to help you succeed. The following questions will help us to understand more about you and your views about your life.



All about me

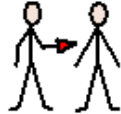


Name: _____

Photo
(optional)

  
People who are important to me:

  
Things that I find difficult:

 
How I communicate:

  
How you can help me:



Things

that



I



like:



Things

that



I

am



good

at:



New



things



I

would



like

to

do:



I

could

do



better

if: