

Early Help Assessment Young Persons Form

Where I live
(Write or draw
where you live)



**All
about
me...**

Name

Age

Gender

Who I live with



(Write or draw the people who live with you)

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My Health

These are the food and drink I usually eat

(Please circle and add any others)



Other food and drink that I enjoy
(Write or draw what you like to eat)



Allergies

My favourite

I don't like

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My Health

The games that I play most often
(Please circle and add any others)



Other games I play

(Write or draw games you enjoy)


I need to wear glasses
Yes / No

I usually wear
them
Yes / No


My hearing is fine
Yes / No

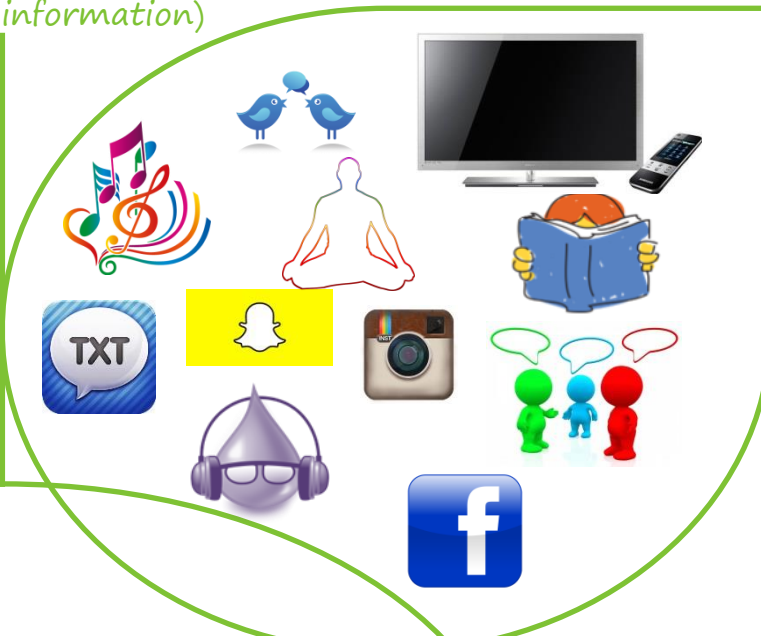
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Leisure

I chill out by...

(Please circle and add any other information)

- Listening to music
- Chatting to friends
- Watching TV
- Reading
- Playing music
- Meditation
- Social media
- Photography



- I enjoy talking with friends Yes/No
- I enjoy talking/texting by phone Yes/No
- I enjoy talking with family Yes/No
- I like to sing Yes/No
- I like listening to stories Yes/No
- I like asking people questions Yes/No



Communication

(Write or draw the people who live with you)

Favourite band

Best friend

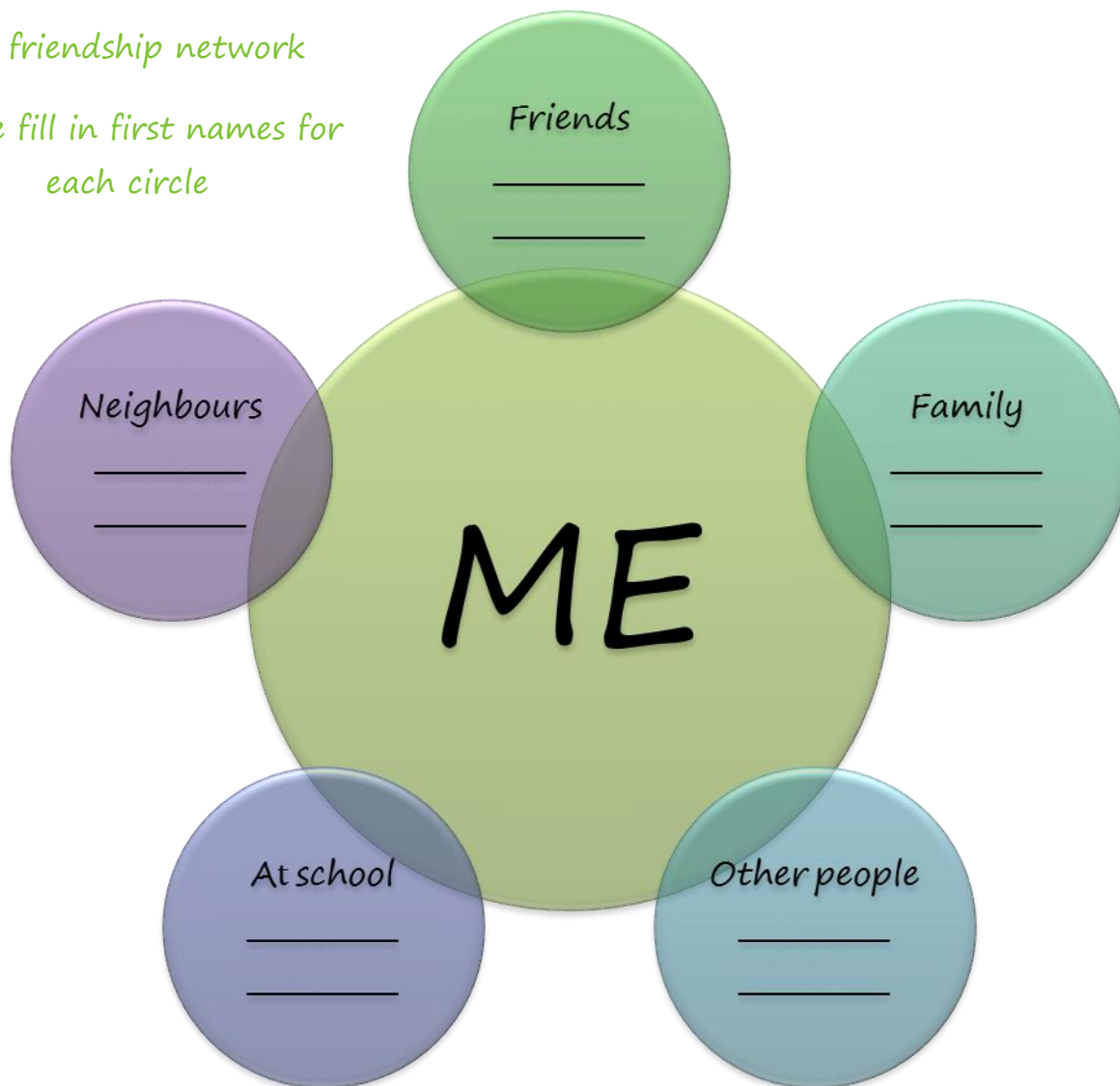
Worst TV show

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Emotional & Social

My friendship network

Please fill in first names for
each circle



Feeling confident?

How do you feel in
different places?



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Helping

At home I help with _____ I help my friends with _____

Things that worry me...

Sometimes, I am unhappy or worry about



(Write or draw in the cloud)



I need to wear glasses

Yes / No

**I usually wear
them
Yes / No**



My hearing is fine

Yes / No

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Behaviour

How I behave (Please circle)

Most of the time at home I behave...



Most of the time at school I behave...



Most of the time when I'm with my friends I behave...



Other things about how I behave...

What other people might say about my behaviour...

I get into trouble when...

Anything else you
want to say about this
choice?)

Have you ever been bullied
because of who you are?

Never

Rarely

Sometimes

Often

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On my own

Self-care and independence

I can....
Please circle

Get dressed/ undressed



Yes/No

Feed myself



Yes/No

Wash myself



Yes/No

Wash/ comb/ Brush hair



Yes/No

Brush teeth



Yes/No

Other things I can do for myself..

I need help with...

I let people know what I want to do
(please circle)

Never

Rarely

Sometimes

Often

I can:

Get to school Yes/No

Go into school Yes/No

Go shopping Yes/No

Meet my friends Yes/No

Other things I can do out and about by myself are...

Anything else to say about this choice ...

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I go to school every day (Please circle)

Yes/No

Things I enjoy in school are:



(Write or draw in the cloud)

I would like more help at school with ...

Skills I use well in school are: (Please circle)

- Listening ☺☹☹
- Working in a group ☺☹☹
- Planning work ☺☹☹
- Answering questions ☺☹☹
- Giving ideas ☺☹☹
- Exploring ☺☹☹
- Experimenting ☺☹☹
- Using my imagination ☺☹☹
- Problem solving ☺☹☹
- Creative thinking ☺☹☹

Other skills I use well in school

Anything else to say about school

How well I am doing at school: (please circle)

Reading ☺☹☹

Writing ☺☹☹

Number work ☺☹☹

Getting on with friends ☺☹☹

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And finally!

At school I hope in future to do...

*Anything else people should know
about me and my life....*

My signature...

Date _____

If it's okay with you – this form will be shown to

Your parents/carers ☹️ 😊

People who work with you in school ☹️ 😊

*People from other agencies who work
with you and your family* ☹️ 😊

And anyone else you would like! _____

Finally

**We will keep this
confidential, except
when there are concerns
about your safety, or
someone else's safety.**