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| **My Story** |

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| **Name:**  |

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| **D.O.B:**  |

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| **Date ‘My Story’ created:**  |

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| **Information about me:** |

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| **Parent/Carers name(s):** |

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| **What I call them:** |

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| **My Address:** |

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| **Email:** |

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| --- | --- |
| **Tel:** | **Mobile:** |

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| **Emergency contact details:** |

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| --- | --- |
| **Tel:** | **Mobile:** |

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| **More about me** |

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| **Useful background information:**   |

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| **What do I like doing? What am I good at?**  |

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| **What do I need help with? What do I struggle with?** |

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| **Triggers and Phobias** |  |

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| **These things can upset me even if I don’t show it in school:** |

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| **What can you do to help me when I am exposed to my triggers and phobias?** |

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| **How might I react -** |
| **In school?** | **At home?** |

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| **Pictures of Me** |
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| **My Own Mark** |

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| **Writing or a picture by me** **Date:**  |

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| **Thanks to open nest for the support in creating this work book** |

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