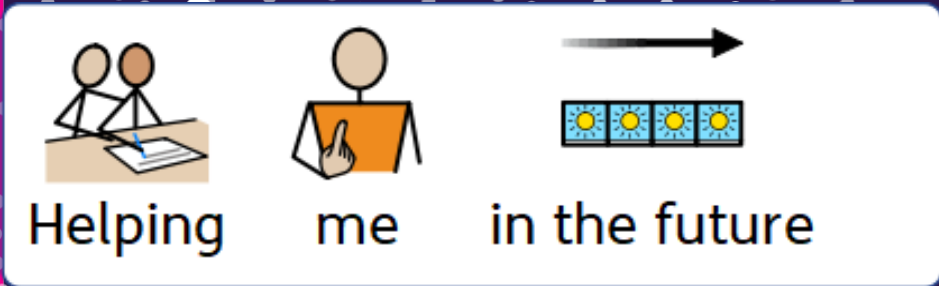


# The Meadows school



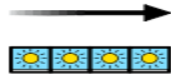
THE CAREERS & ENTERPRISE COMPANY



Helping



me



in the future



Name



Who



is



helping



me

today



my



parents

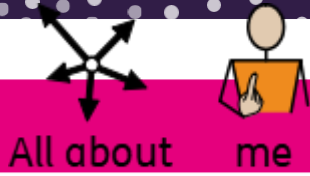
/



carers



name



All about

me

HELLO, MY NAME IS



Name



Date of birth



Address

01234



Telephone number



Who



I



live



with





All about me

Comments





# All about me

# Comments



Things



I

am



good



at



People



who



are



important



to



me



What



job



I



would



like



to



try



How much



help



do you



need



with



reading and writing



I



am



good



at



getting



myself



washed



and



dressed



I



need



special



equipment



to



help



me



work



I can



do



household



jobs



such as



hoovering



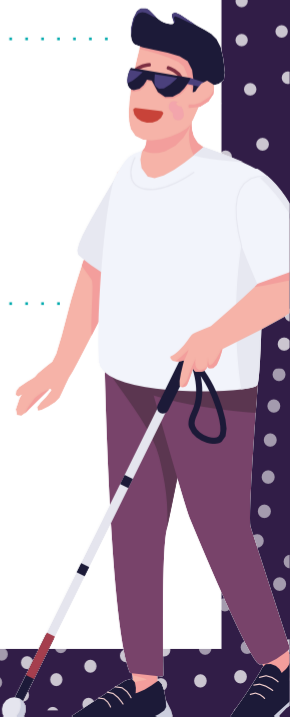
and



cleaning



on my own



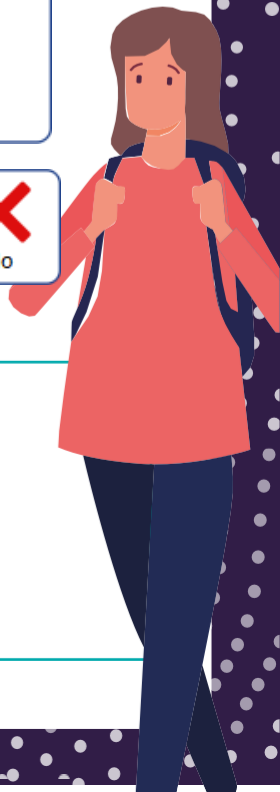
I use these

computer	I-Pad	Laptop	Tablet	Mobile phone
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

I can do these things?

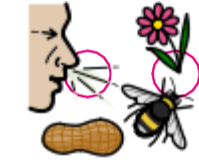
standing for a long time	Lifting	sitting for a long time	walking
<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
balancing	using your hands	kneeling	carrying
<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No

you can help me by



Do you need help with

Allergies



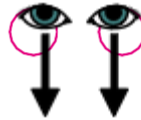
Yes No

Taste



Yes No

Sight



Yes No



Touch

Yes No

smells



Yes No

Clothing



Yes No



Hearing

Yes No

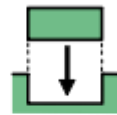


Diet

Yes No



keeping fit



Yes No





How do you travel



 Yes	 No
---------	--------



Drive a car


By bus


Passenger  
in a car


I cycle


By taxi


I walk


money

 Yes	 No
---------	--------



I can



use



money

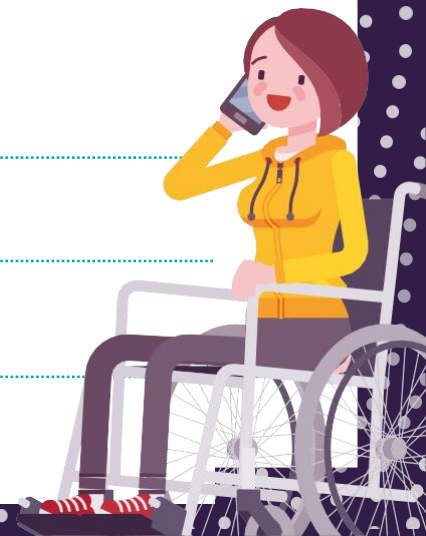

I



have



a bank account




 









Time

✓ Yes	✗ No
----------	---------



  
 I can tell the time

<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------



  
 I can use a watch

<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------

<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------

<input type="radio"/>
-----------------------

<input type="radio"/>
-----------------------

<input type="radio"/>
-----------------------





Jobs



I



have



done



in school?



Work experience



jobs



I



have



completed?



Job I would Like to find out about



Airport

Farm

Gardens

Fast food

Factory

Stables

Leisure Centre

Superstore

Office

Railway Station

Garden Centre

IT Career

Cinema

Countryside

Manufacturing

Shop

Library

Plumber

Hairdressers

Café

Electrician

Building Site

Hotel

Games designer

Bus Station

Petrol Station

Other

Warehouse

Kennels/Cattery

Supermarket

Car Park

Restaurant

Pub




Nursery

School/College



? you like to do these things

? you like to?

 Yes	 No	 Maybe
--	---	--

work with lots of people

work indoors







work outdoors

sitting down jobs

moving around jobs

Any other ideas?









  
 How many days would you like to work?

1 1	2 2	3 3	4 4	5 5
--------	--------	--------	--------	--------

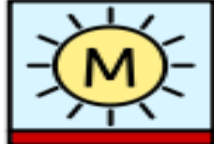


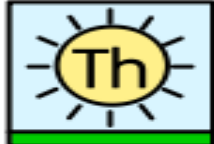
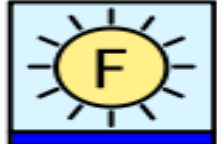


6 6	7 7
--------	--------







  
 What days would you like to work?

 Monday	 Tuesday	 Wednesday
 Thursday	 Friday	 Saturday
 Sunday		





