

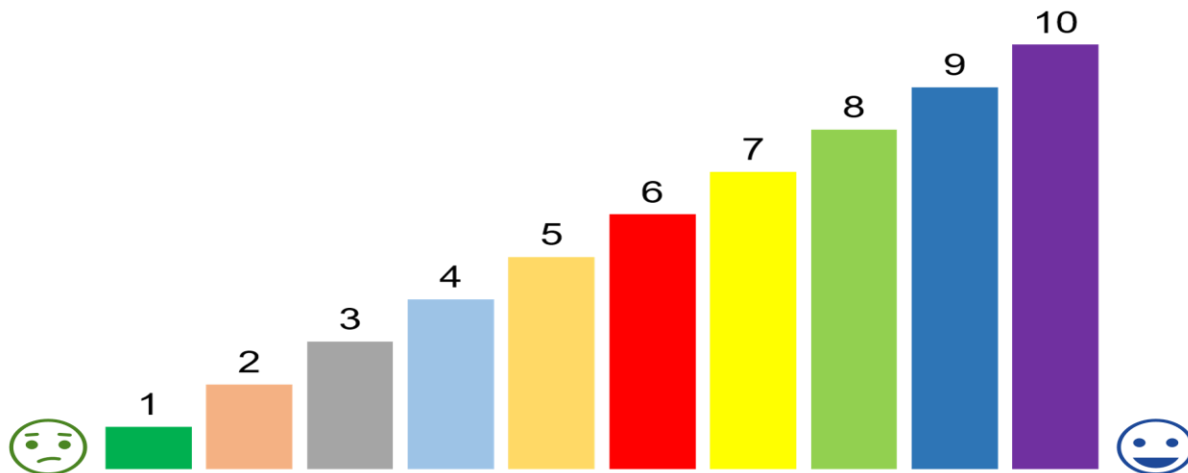


SEND Supported
Embracing difference

Name:

Date:

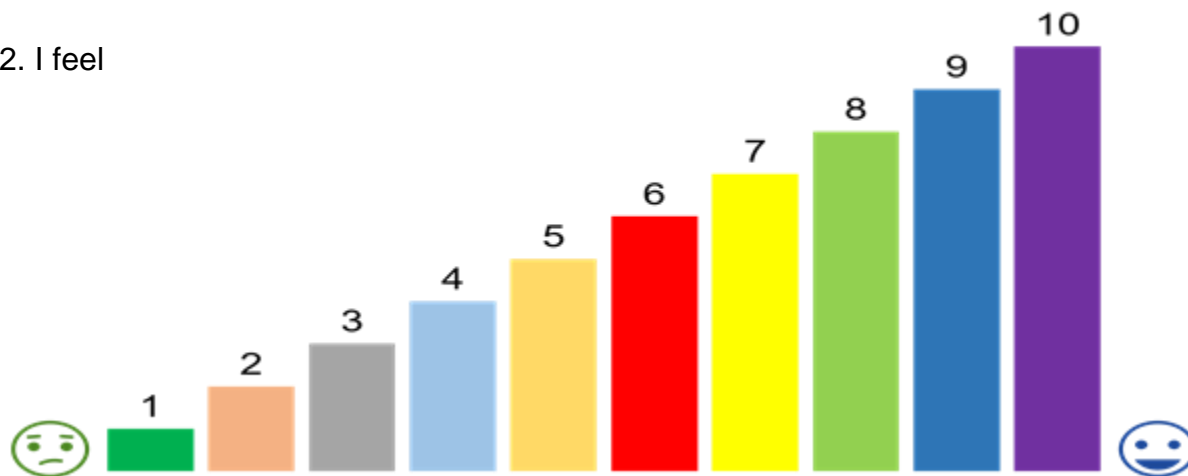
1. I feel



Travelling to and from school

Comment:

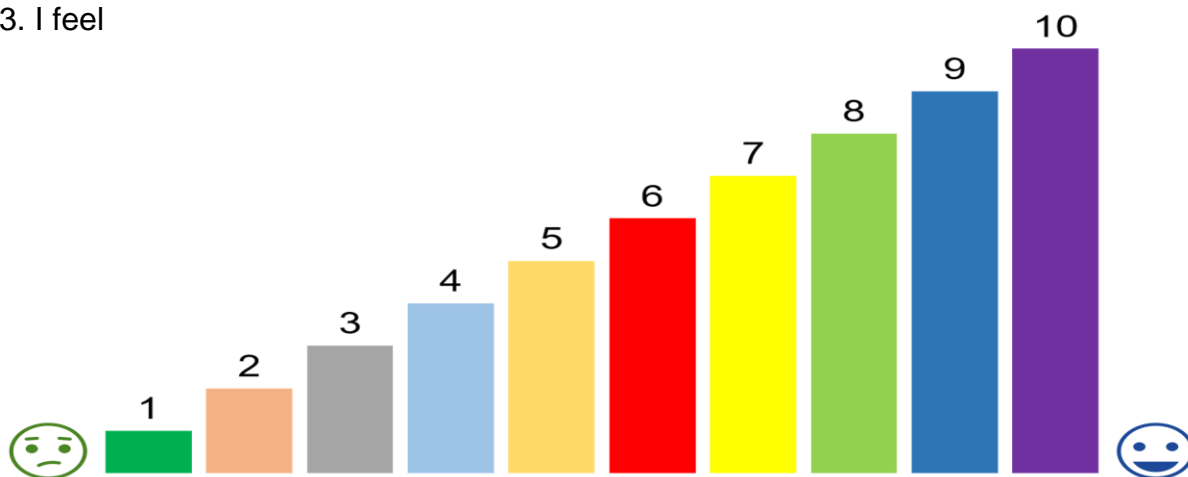
2. I feel



Moving around school

Comment:

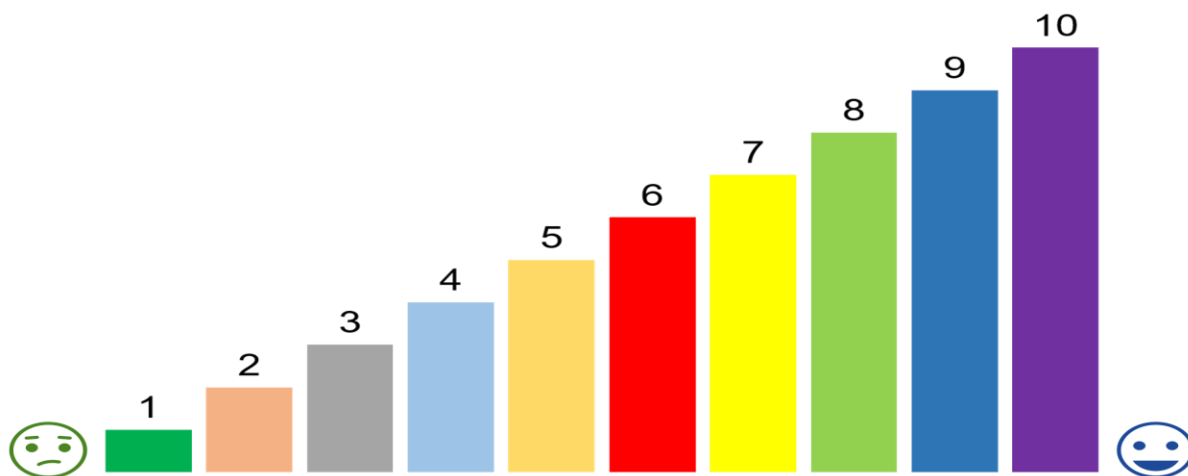
3. I feel



Getting to lessons on time

Comment:

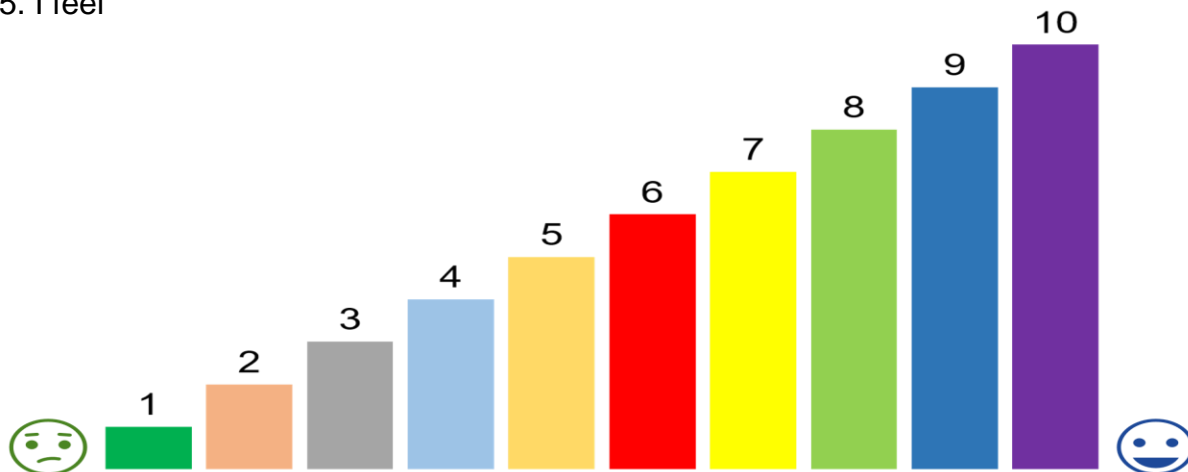
4. I feel



Organising equipment for school

Comment:

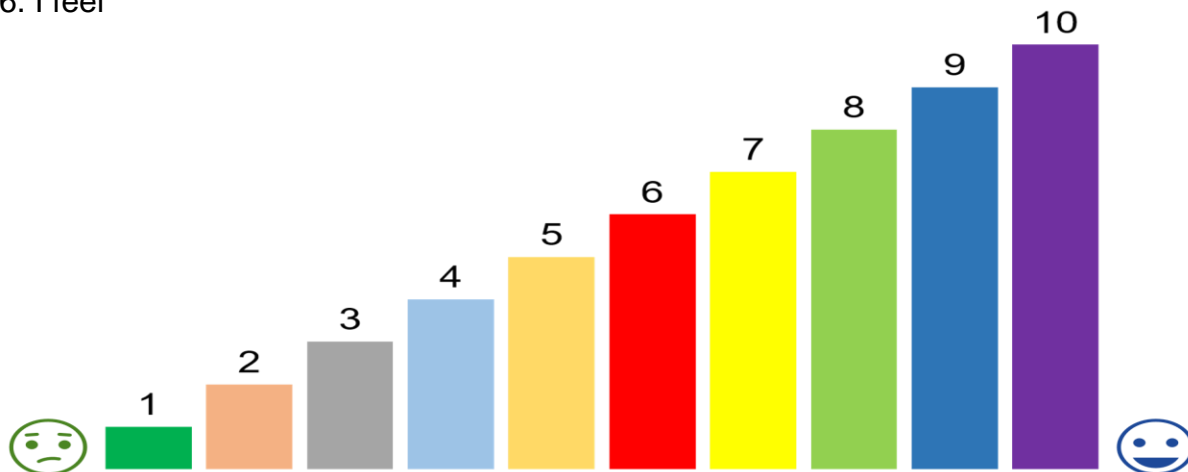
5. I feel



Working on my own in lessons

Comment:

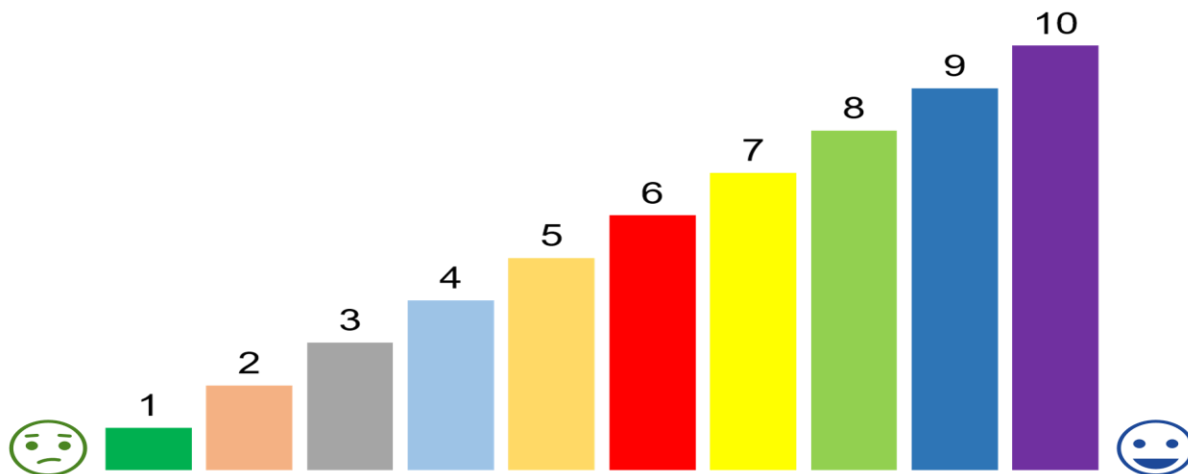
6. I feel



Working with in groups

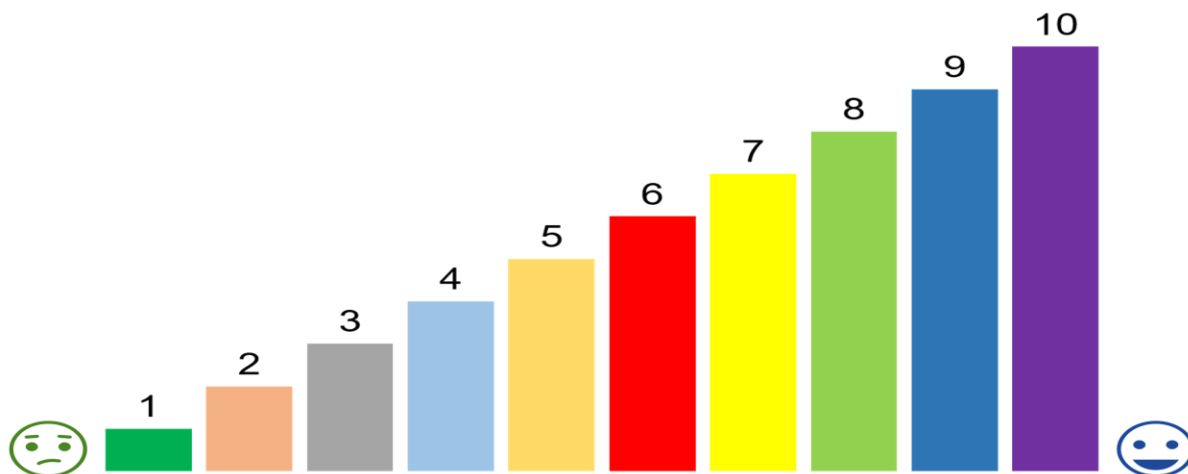
Comment:

7. I feel



Asking for help from adults

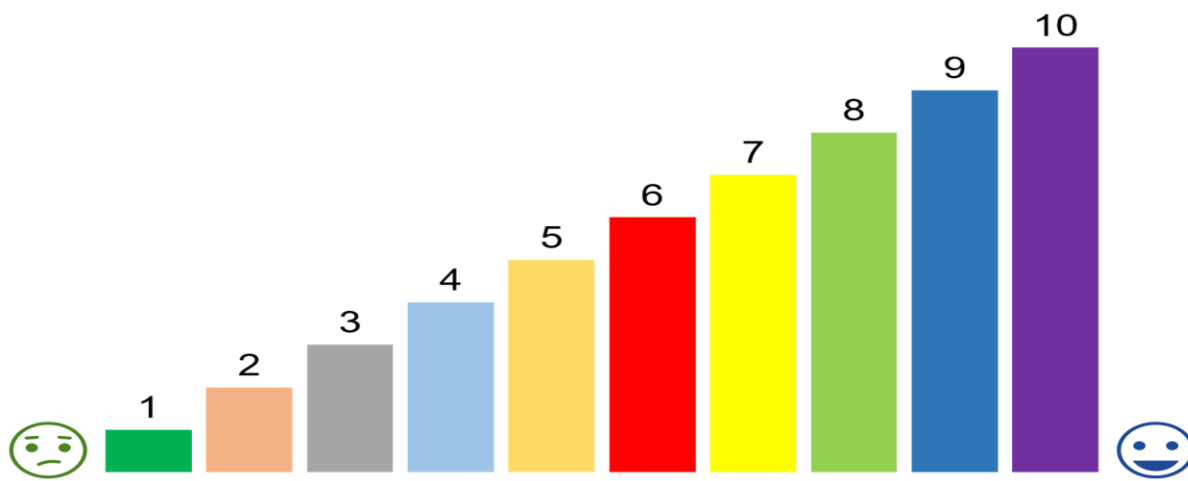
8. I feel



Asking for help from other students

Comment:

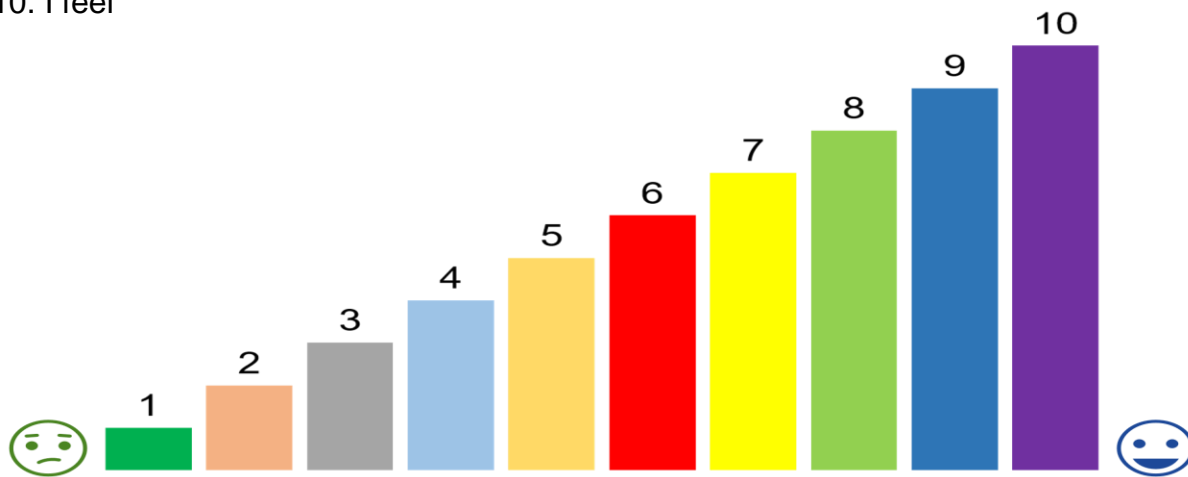
9. I feel



Homework

Comment:

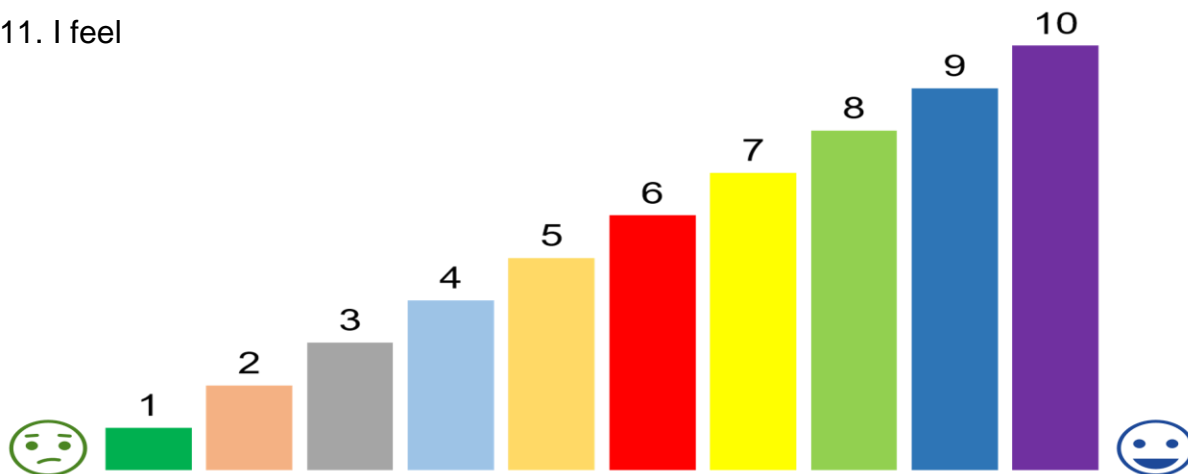
10. I feel



Asking my parents for help

Comment:

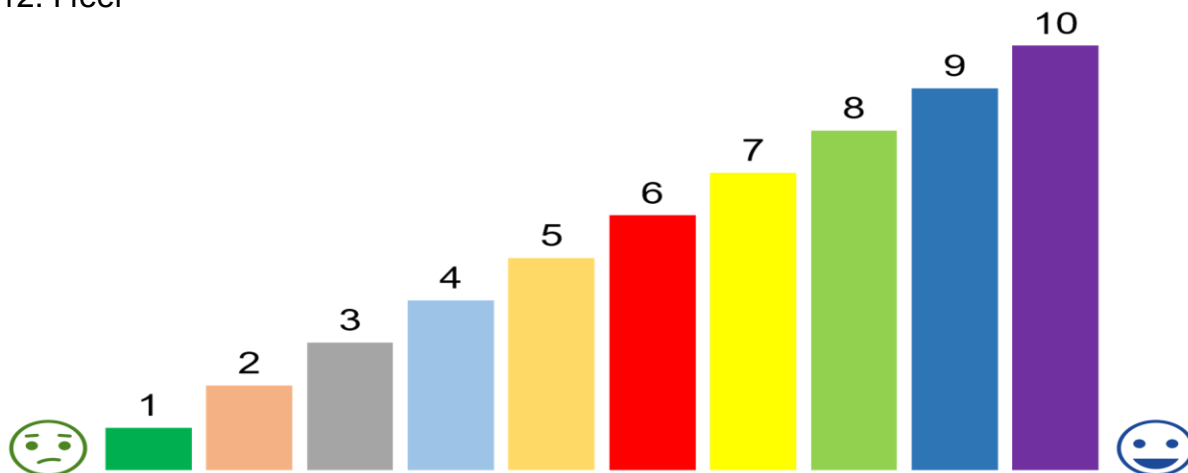
11. I feel



Making new friends

Comment:

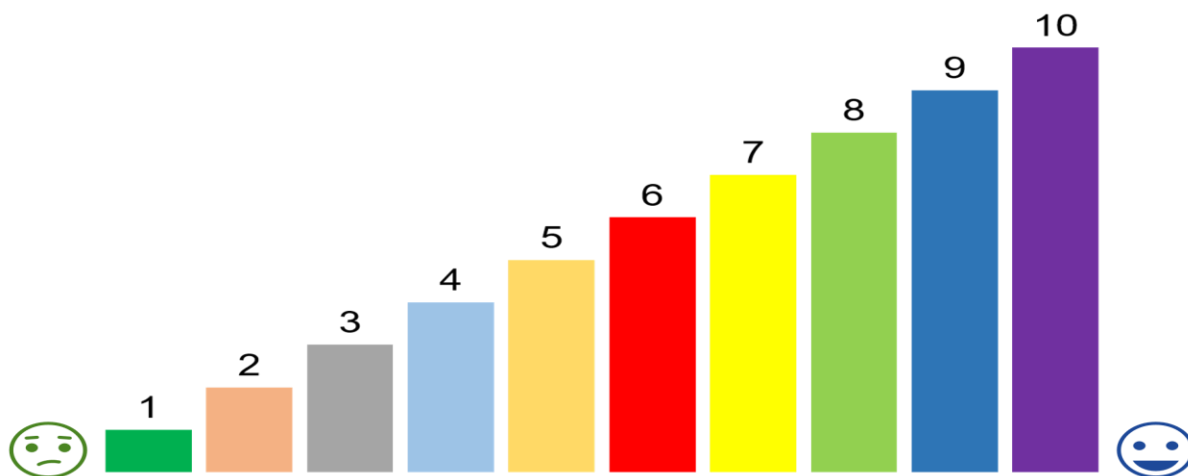
12. I feel



Joining after school activities

Comment:

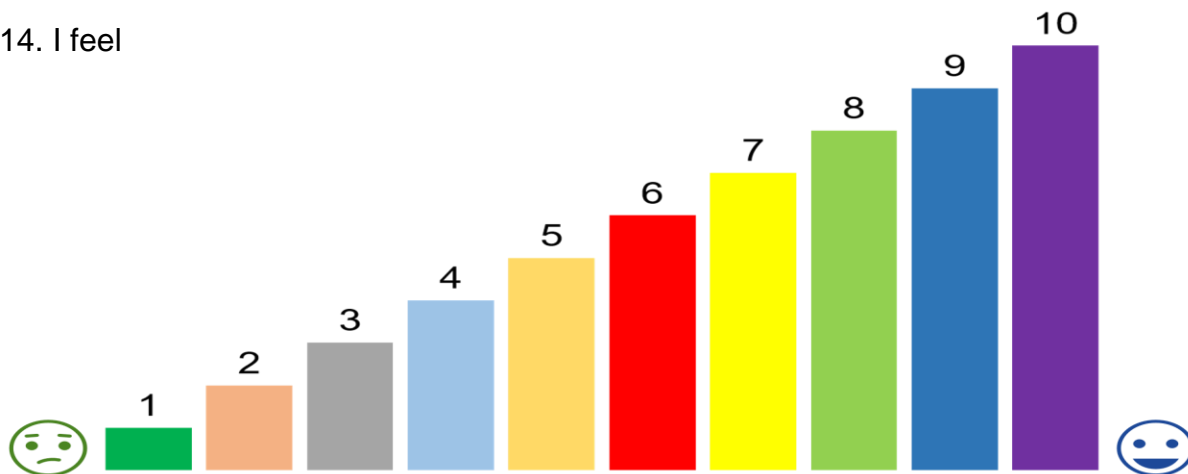
13. I feel



Sports or games

Comments:

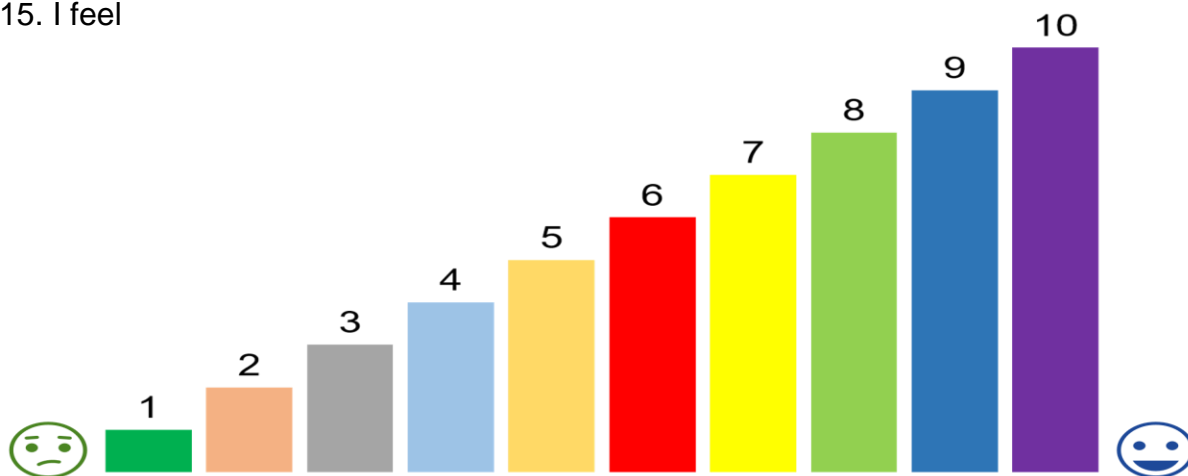
14. I feel



Dealing with people who bully or tease me

Comments:

15. I feel



What I would like to do in the future

Comments: