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**My Inclusion Plan**

**Child’s name:**

**D.O.B:**

**Setting:**

**I like:**

**When I am happy I:**

**I am good at:**

**When I am anxious I:**

**I don’t like:**

**I find it difficult to:**

**When I am anxious the best way to help me is:**

**If you want me to do something I am not keen on you can persuade me by:**

**Things I like to eat and drink:**

**Help me understand by:**

**I ask for what I want using:**

**My self-care:**