



Hi! Get to know me!

My Name:	I will like you to call me:
Date of Birth:	Today's Date:
A Little About Me:	
How do I spend my typical day?	
 	
My Strengths: (things that are easy for me, these could include how I can learn, how I can move with in the home, how I can communicate with people, how I can enjoy, how I can make choices, how I can solve problems?)	
My Preferences	


My Challenges: (communication, feeding, learning, mobility, social, energy, behavior) and what support I would like from you?

My Life in the Community: (my school, my relative, my friends, my hospital, my doctors, my place of worship, my favorite places, where I enjoy myself)

What comes in the way of my life in the community?



My Home and Family Information:

My Overall Health:	
My Health Problems	
My Prior Surgeries, Procedures, Lab/Diagnostic Studies:	
What aids and adaptations do I use?	
<p>You must do this always when you support me</p> 	<p>You should never do this when you support me</p> 