My Personal Profile

Name:

DOB:

Index

Life experiences and personal characteristics including likes / dislikes
Communication and Social skills
Support needs including routines, flexibility and cognitive skills
Behaviour Support including environmental support
Sensory needs
Physical/ Health/ Personal Care/ Mobility needs

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<table>
<thead>
<tr>
<th>Life experiences</th>
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</thead>
<tbody>
<tr>
<td>Eg Who do I live with?</td>
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<tr>
<td>What activities do I do during my week?</td>
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<tr>
<td>What activities do I like/dislike?</td>
</tr>
<tr>
<td>What places do I like/dislike?</td>
</tr>
<tr>
<td>What do I help with at home?</td>
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</table>

| What kind of people do I like? |
| What things are important to me? |
| What kind of person am I? |

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Communication and Social skills
Eg what do I understand?
How do you help me to understand more?
How do I make choices?
Can I tell you about the future or the past?
Do I use eye contact?
How do I initiate interactions?
<table>
<thead>
<tr>
<th>Support needs</th>
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</thead>
<tbody>
<tr>
<td>Eg What routines do I have in my life?</td>
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<tr>
<td>How do I plan my day?</td>
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<tr>
<td>How do I cope with change / stress?</td>
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<tr>
<td>How do I learn new things?</td>
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<tr>
<td>Do I need to be taught new things in a variety of settings?</td>
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<tr>
<td>Do I need time on my own during my day?</td>
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</tbody>
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**Behaviour Supports (please see Positive Behaviour Support plan also)**

<table>
<thead>
<tr>
<th>Eg how do I express happiness?</th>
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<tbody>
<tr>
<td>How do I express boredom?</td>
</tr>
<tr>
<td>How do I express confusion/ misunderstanding?</td>
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<tr>
<td>How do you know I am stressed?</td>
</tr>
<tr>
<td>How do I tell you about things I like or dislike?</td>
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<tr>
<td>Do I display any challenging behaviours? When and where?</td>
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### Sensory supports

Eg Am I a sensory seeker or sensory avoider?
Do I have visual sensitivities or obsessions?
Do I have auditory sensitivities or obsessions?
Do I have gustatory (taste) sensitivities or obsessions?
Do I have olfactory (smell) sensitivities or obsessions?
Do I have tactile (touch) sensitivities or obsessions
<table>
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<tr>
<th>Physical / Health / Personal Care / Mobility Supports</th>
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<tbody>
<tr>
<td>Eg Do I need physical activity during my day?</td>
</tr>
<tr>
<td>Where do I sit in a car or a van?</td>
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<tr>
<td>Do I have any medical issues?</td>
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<tr>
<td>What support do I need with personal care?</td>
</tr>
<tr>
<td>Do I need supervision when moving from place to place?</td>
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<tr>
<td>Do I have any dietary requirements/ mealtime support requirements?</td>
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### Action Plan

Who attended/ contributed and what is their relationship to me:

<table>
<thead>
<tr>
<th>Person</th>
<th>Relationship with service user</th>
<th>Attended/ contributed</th>
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