

My Personal Profile

Name:

DOB:

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Life experiences and personal characteristics including likes / dislikes

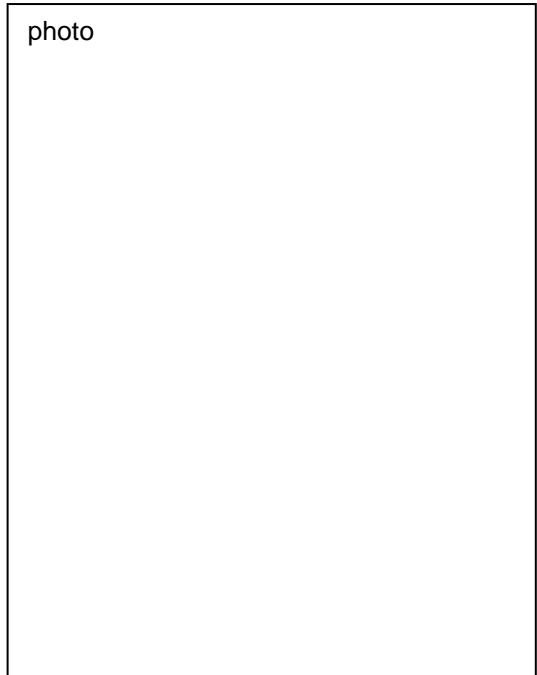
Communication and Social skills

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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Life experiences

Eg Who do I live with?
What activities do I do during my week?
What activities do I like/ dislike?
What places do I like/ dislike?
What do I help with at home?

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

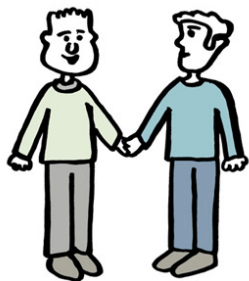
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Communication and Social skills

- 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?

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Support needs

Eg What routines do I have in my life?

How do I plan my day?

How do I cope with change / stress?

How do I learn new things?

Do I need to be taught new things in a variety of settings?

Do I need time on my own during my day?

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Behaviour Supports (please see Positive Behaviour Support plan also)

Eg how do I express happiness?

How do I express boredom?

How do I express confusion/ misunderstanding?

How do you know I am stressed?

How do I tell you about things I like or dislike?

Do I display any challenging behaviours? When and where?

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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

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Physical / Health / Personal Care / Mobility Supports

Eg Do I need physical activity during my day?

Where do I sit in a car or a van?

Do I have any medical issues?


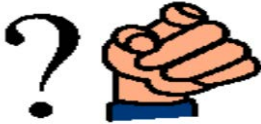
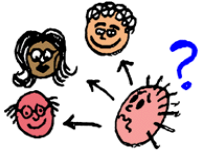
What support do I need with personal care?

Do I need supervision when moving from place to place?

Do I have any dietary requirements/ mealtime support requirements?

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Action Plan

 What?	 How?	 Who?

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Action Plan

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

Person	Relationship with service user	Attended/ contributed

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