

# ALL ABOUT ME

To be completed by the child or young person with adult support if necessary

My Name is:

I like to be called:

Emergency contact name & phone number:

The support I need:

Likes:

Dislikes:

Things that might upset or make me upset/anxious:

How to know if I am upset/ anxious:

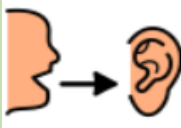



What you can do to help me:

Allergies:

My Health needs:

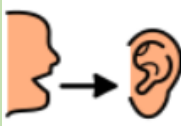



## My Communication profile

How I communicate with you

	Speaking	
	PECS	
	Signing	
	Pointing	

Other ways I may communicate with you.....

How to communicate with me

	<b>Speaking</b>	
	<b>PECS</b>	
	<b>Signing</b>	
	<b>Pointing</b>	

Other ways I may like you to communicate with me:

Signature .....

Date.....





