

ABOUT ME:

Your full name but also the name you would prefer staff to use if this is different

GENERAL INFORMATION

Age:

Date of Report:

About ME (anything that will help people get to know the individual. Perhaps things that help him relax or upset him, or things that are important to him):

PICTURE OF PERSON

Safety Concerns:

Talents/ Strengths:

Best ways to interact with me: (what is the best way to approach the individual, how can you get them to engage in things that he/she may not want to do?):

Likes:

Dislikes:

ABOUT ME:

Your full name but also the name you would prefer staff to use if this is different

PERSONAL DAILY SKILLS INFORMATION

Toileting

Food and Drink/ Diet

Tell us about your likes and dislikes, where and how you like to eat, e.g. I like to eat at a table, drink black coffee or prefer small portions. Let us know us about any help you need, allergies or special diet – and if this relates to your preference, health or beliefs.

Communication

Personal Preference and Self care

Tell us about your normal routine, any help you need & your preferences

Communication Devices

Grooming:

ADL:

Mobility

Peer and Adult Interaction

tell us how you usually get around indoors and out, any walking aids you use or difficulties you have

Does the individual interact with adults?

Does the individual interact with peers?

Explain:

ABOUT ME:

Your full name but also the name you would prefer staff to use if this is different

BEHAVIORAL INFORMATION

Precursor Behaviors: how do you know that I am becoming upset:

Behaviors; What do they look like?

Best way to Calm me down:

Any Routines that must be Followed:

Tell us about your usual routines & what helps you to rest or relax

OTHER:

Describe items you always like to have with you or close at hand, perhaps a special item that gives you comfort

Tell us about things you like to do for yourself and how we can help you to be independent