## All About (name) DOB

Important to (name)

(name) likes...

(name) doesn't like......& what to do

Please do...

Developed by:.....Date:.....Date:...

## photo

(name's) strengths, talents and interests

(Name) needs help with...

(include diagnosis/identified needs)

How (name) likes to communicate and be involved in making decisions



Important for (name)...

You may need to know.....(allergies, languages spoken, religion etc)

What we like and admire about (name)...

(Name's ) support network... (people that are important to (name) and people working with (name)

Parent/Carer's aspirations and hopes for (name).....

Sibling's/family member's hopes for (name)...

Developed by:.....Date:.....Date:...