My Booklet Title:

PLEASE NOTE that the check boxes don’t work in this form. Please indicate your choice by making your choice BOLD and/or DIFFERENT TEXT Color.

Example: **☐ My Mom & Dad helped me make this book.**

My personal slogan:

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | The name I liked to be called: |  |
| How I like to be contacted: | (Email address and/or phone # or text #) |
| How do I communicate: | [ ]  Speaking [ ]  Using a communication device or pictures[ ]  Gestures and sound [ ]  Another way:  |
| My health concerns: | Medical issues:[ ]  Seizure care plan ☐ Severe allergy [ ]  Other health care plan:  |
| Other supports I need | Day to day activities or transitions: *(example: Quiet environment, earplugs, lots of notice before plan change, not to be rushed etc.)* |
| [ ]  My behaviour plan [ ]  My safety plan [ ]  My nutritional plan |
| Something else I want you to know | [ ]  I have a representation agreement  | [ ]  I have a microboard |
| Others:  | My birthday: |  |
| My school: |  |
| My medical diagnosis: |  |
| Other:  |  |
| Who filled this book? | ☐ I made this book myself ☐ My \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ helped me make this book. (examples: parents, family member, friend, caregiver, support worker or other) |

THINGS I WANT YOU TO KNOW ABOUT ME!

|  |  |
| --- | --- |
| How would I or my team describe me? |  |
| My family / Pets |  |
| How I communicate |  |
| How I socialize |  |
| Other things that are important to me |  |
| My life in the community |  |
|  |  |
|  |  |
|  |  |

THINGS I WANT YOU TO KNOW ABOUT ME!

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|

|  |
| --- |
| My strengths |
|  |

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|  |
| --- |
| Things that are hard for me |
|  |

 |
|

|  |
| --- |
| Things I like |
|  |

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|  |
| --- |
| Things I don’t like |
|  |

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|

|  |
| --- |
| My favorite things |
|  |

THINGS I WANT YOU TO KNOW ABOUT ME!

|  |  |
| --- | --- |
| What’s Important TO ME | What’s Important FOR ME |
|  |  |
|  |  |
|  |  |
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MY ABILITIES & SKILLS | What I am good at right now!

MY PHYSICAL ABILITIES

|  |  |  |
| --- | --- | --- |
|  | I can | Help I need |
| What is my mobility?/ My mobility |  |  |
| How is my vision? / My vision |  |  |
| How is my hearing?My hearing |  |  |
|  |  |  |
|  |  |  |

MY COMMUNICATION SKILLS

|  |  |  |
| --- | --- | --- |
|  | I can | Help I need |
| How do I communicate / make decisions? |  |  |
| How I speak / When I say or do this, what does it mean? |  |  |
| How do I understand best? |  |  |
| How do I process information? |  |  |
|  |  |  |

OTHERS

|  |  |  |
| --- | --- | --- |
|  | I can | Help I need |
| Transportation |  |  |
| Money |  |  |
| Time management / Schedule |  |  |
| Staying Safe*?* |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

MY RELATIONSHIPS | Important people in my life

MY SOCIAL NETWORK & FRIENDS

|  |  |  |
| --- | --- | --- |
| Name | Relationship/ Who is this? | Activities Together / What do I do with this person? |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

MY SUPPORTING TEAM - Who helps me out with what I need?

|  |  |  |
| --- | --- | --- |
| Name | Relationship/ Who is this? | Activities Together / What do I do with this person? |
|  |  |  |
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HOW TO SUPPORT ME!

|  |  |  |
| --- | --- | --- |
|  | What’s working great for me right now / Things to keep the same  | Help I need / Things I would like to get better at |
| Health / Physical Well-being |  |  |
| Communication |  |  |
| How I learn best |  |  |
| Transition ideas |  |  |
| Time management |  |  |
| Behaviour |  |  |
| Social life |  |  |
| Emotional Health  |  |  |
| Mental health |  |  |
| Self-Advocacy Skills |  |  |
| Staying Safe |  |  |
| Meal time |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

MY ROUTINES

|  |  |  |
| --- | --- | --- |
| Activity | What’s working great for me right now / Things to keep the same  | Help I need / Things I would like to get better at |
| Every day |  |  |
| Every week |  |  |
| Every month |  |  |
| Waking up  |  |  |
| Going to bed |  |  |
| Getting home from work |  |  |
| Daily routines:Bathing / Washroom / Eating / preparing food / Dressing/ Personal hygiene |  |  |
| Special days: Birthday / Cultural / holiday |  |  |
| Spiritual / Religion |  |  |
| Vacation |  |  |
| Comfort |  |  |

IMPORTANT HEALTH / MEDICAL Information I want to share

|  |  |
| --- | --- |
| What my diagnosis or disability means to me |  |
| My health concerns |  |
| My health team |  |
| Mental health |  |
|  |  |
|  |  |
|  |  |

MY MEDICATIONS & ALLERGIES

|  |
| --- |
|  |

EQUIPMENT & SUPPLIES I USE

|  |  |  |
| --- | --- | --- |
| Equipment | My Team | Help I need |
|  |  |  |
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OTHER CULTURAL INFORMATION I want to share

|  |  |
| --- | --- |
| Questions  | Answers / Comments |
| Ethnicity  |  |
| Gender |  |
| Traditional food |  |
| Clothing |  |
| Religion |  |
| Arts |  |
| Others* Understanding of disability
* Space - personal & communal
* Housing
 |  |
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MY EDUCATION & EMPLOYMENT INTERESTS & PLAN

MY EDUCATION - IEP OR PLANS AT SCHOOL

|  |  |  |  |
| --- | --- | --- | --- |
| My Goal | What’s important to me right now | Help I need | What’s next? |
|  |  |  |  |
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MY WORK / EMPLOYMENT PLAN

|  |  |  |  |
| --- | --- | --- | --- |
| My Goal | What’s important to me right now | Help I need | What’s next? |
|  |  |  |  |
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MY GOALS & DREAMS

|  |  |  |
| --- | --- | --- |
| My Goal / Dream | Who can help / by when?  | Steps Accomplished |
| My vision  |  |  |
| My short-term goals |  |  |
| My long-term goals |  |  |
| My dreams for the future |  |  |
|  |  |  |
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YOUR CHOICE OF TITLE HERE! (Optional)

YOUR CHOICE OF SUBTITLE HERE! (Optional)

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YOUR CHOICE OF SUBTITLE HERE! (Optional)

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YOUR CHOICE OF TITLE HERE! (Optional)

YOUR CHOICE OF SUBTITLE HERE! (Optional)

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YOUR CHOICE OF SUBTITLE HERE! (Optional)

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