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!

|  |  |
| --- | --- |
| A few things to think about as you fill out this section | * Let your child, the person with disability, be the driving force of their own planning process. * Keep your or your child's hopes and dreams a focus that can resonate throughout the booklet. * Work WITH your child NOT FOR them. * Your child’s strengths and gifts should be the forefront of the planning process. * What’s important to me vs. what’s important for me!   + Important TO ME: My favourite thing / Things I don't like   + Important FOR ME: Supports I need and want to keep me healthy and safe |

|  |  |
| --- | --- |
| How would I or my team describe me? | * Positive & respectful words (examples: funny / nice) |
| My family / Pets | * My parents * My brothers and sisters * Other relatives * Other important people in my life * Where I call home |
| How I communicate | What are the ways I like to communicate?   * Using a device? * Using questions or pictures? * Using body language or face expression ? |
| How I socialize | * My favorite things to talk about |
| Other things that are important to me | * My faith / spirituality * Things I am most proud of |
| My life in the community | * My roles in my community (example: student / volunteer) * My school * My workplace * Favorite places to visit * Favorite things to do |

THINGS I WANT YOU TO KNOW ABOUT ME!

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| |  | | --- | | My strengths | | * Things I am good at * My gifts & talents | | |  | | --- | | Things that are hard for me | |  | |
| |  | | --- | | Things I like | | * Things I am interested in * Things I like to talk about | | |  | | --- | | Things I don’t like | |  | |
| |  | | --- | | My favorite things | | * Favorite places to visit * Favorite things to do - sports, games, activities * Favorite food or snack * Favorite things to talk about |   THINGS I WANT YOU TO KNOW ABOUT ME!   |  |  | | --- | --- | | What’s Important TO ME | What’s Important FOR ME | | Examples: I want to choose what I have for dessert. | Examples: I need a reminder that I can’t have a dessert that has too much protein in it like cake or banana. | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | | |

MY ABILITIES & SKILLS | What I am good at right now!

|  |  |
| --- | --- |
| A few things to think about as you fill out this section | This section is all about “What I can now” and “Help I need!”   * As for communication skills, please remember we communicate more physically than we do verbally! So share the clues! * Consider making my dictionary - when I say or do this what does this mean? |

MY PHYSICAL ABILITIES

|  |  |  |
| --- | --- | --- |
|  | I can | Help I need |
| What is my mobility?/ My mobility |  | * Any equipment needed? * Other physical ability concerns / limitations? (example: preferences right side or left) |
| How is my vision? / My vision |  | * Reading glasses? |
| How is my hearing? My hearing |  | * Hearing aid? |

MY COMMUNICATION SKILLS

|  |  |  |
| --- | --- | --- |
|  | I can | Help I need |
| How do I communicate / make decisions? |  | * Using a communication device and/or questions or pictures and/or body language / face expression ? |
| How I speak / When I say or do this, what does it mean? | * Gestures / signs /facial expressions I use & what they usually mean | * Communication device? * What are the indicators when I need immediate attention? * The best way to enhance the interactions with me |
| How do I understand best? |  | * Example: plain language / slow and patience is the best |
| How do I process information? |  | * Example: I need quiet space to process (slow processing) or give me options to choose from. |

OTHERS

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

MY RELATIONSHIPS | Important people in my life

|  |  |
| --- | --- |
| A few things to think about as you fill out this section | * Keep trying to encourage your child to cultivate, foster and maintain friendships in their community. * Be intentional when building a community for your child. * Collaboration with everyone who supports your child is key! * Build a strong Transition Team for your child and meet regularly. * Be sure to include a person who know how to write plans and can answer your questions. |

MY SOCIAL NETWORK & FRIENDS

|  |  |  |
| --- | --- | --- |
| Name | Relationship/  Who is this? | Activities Together /  What do I do with this person? |
|  | * Family Member * Friend * Caregiver * Support worker * Partner / dating * Other |  |

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? |
|  | * OT / PT / SLP * Teacher * Psychologist/ Counselor / Behaviour Consultant * Behaviour Interventionist * Psychiatrist * Other |  |

HOW TO SUPPORT ME!

|  |  |
| --- | --- |
| A few things to think about as you fill out this section | * What’s working great for me right now? What needs to stay the same? * What do people always remind me to do? What do people hassle me about? * Be clear and direct about how to support your child! |

|  |  |  |
| --- | --- | --- |
|  | 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 | * Canes / walkers * Reminders to walk slow |  |
| Communication | * What are the ways I like to communicate? * Using communication device, questions or pictures or body language or face expression? |  |
| How I learn best | * Visuals * Hands-on |  |
| Transition ideas | * What makes it easier to move from one activity to another? | * I need lots of notice before plan change / I don’t like to be rushed. |
| Time management | * How much time will I need to get ready? |  |
| Behaviour |  | * Things I react to / stimulators: |
| Social life |  |  |
| Emotional Health |  |  |
| Mental health |  | * Things I react to / stimulators: |
| Self-Advocacy Skills |  |  |
| Staying Safe |  |  |
| Meal time | * Reminders to eat slow * Reminders to drink slow |  |

MY ROUTINES

|  |  |
| --- | --- |
| A few things to think about as you fill out this section | * What are the most important routines / things your child can count on right now ? * What are the things they need to do / want to do, and places to go regularly? * What is my day / week / month look like right now? And how would I like my day / week / month to be like? * What needs to happen to keep things that are working and to change those things are not working for them? |

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

|  |  |
| --- | --- |
| A few things to think about as you fill out this section | * Teach your child how to describe their uniqueness to others, like what is their diagnosis and what it means to them? * If concern is life threatening, consider displaying it on the cover page. * Who are my primary health care team? * What are my current medicines / doses and allergies? * Mental health and substance use may be shared in this section. |

|  |  |
| --- | --- |
| What my diagnosis or disability means to me | * My explanation * My family’s explanation * My doctor’s explanation |
| My health concerns | * Medical things happened to me recently (last 2 years) * Seizure Plan * Allergy Plan * PRN |
| My health team | * Family doctor * Dentist * My medical specialists |
| Mental health |  |

MY MEDICATIONS & ALLERGIES

|  |
| --- |
| Examples: Substance use |

EQUIPMENT & SUPPLIES I USE

|  |  |
| --- | --- |
| A few things to think about as you fill out this section | List any special equipment / medical supplies your child need such as Seating & Mobility, Diet / Feeding, Learning Support, Home accessibility and more   * What equipment or assistive technology do I need to learn best? * What equipment and supply I need to stay healthy and safe? * You can skip this section if you don't need |

|  |  |  |
| --- | --- | --- |
| Equipment | My Team | Help I need |
| Wheelchair | * PT * Sunny Hill Seating Team |  |
|  |  |  |
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|  |  |  |
|  |  |  |

OTHER CULTURAL INFORMATION I want to share

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| --- | --- |
| A few things to think about as you fill out this section | Please share and celebrate your culture - traditions food, clothing and more. You may also want to share:   * Family dynamics & Communication style * Understanding of disability * Unique diet restrictions and more. |

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

MY EDUCATION & EMPLOYMENT INTERESTS & PLAN

|  |  |
| --- | --- |
| A few things to think about as you fill out this section | The plan is the first step: You have to get the plan moving and working for you.   * Discuss with the school the inclusion of the transition goals in the IEP and be sure to review these goals annually. * What is my most important priority now and what help do I need to accomplish this? * What can you do next? How will you get your plan moving and working for you? * Set concrete goals and realistic timelines and follow up and review them regularly. |

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

|  |  |
| --- | --- |
| A few things to think about as you fill out this section | * Start discussing with your child about their hopes, dreams and visions for their future! * Set goals (short-term and long term) that lead to action based on your child’s gifts and strengths. * Develop a vision for life after high school and continue to develop a life plan with meaningful goals.   + What goals or dreams do I have? Who can help? By when? * Involve other people to keep your plan moving forward * Use it to help people focus on what is important to you. |

MY EDUCATION - IEP OR PLANS AT SCHOOL

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

YOUR OWN TITLE

|  |  |
| --- | --- |
| A few things to think about as you fill out this section | When using empty forms, you can add your own title and contents to create a section you want and need. Some suggestions are:   * 5 things you need to about me * Services and service providers I have * My Transition Planning Update |

YOUR SUBTITLE HERE

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YOUR SUBTITLE HERE

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