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
 |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

OTHER CULTURAL INFORMATION I want to share

|  |  |
| --- | --- |
| 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? |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

MY WORK / EMPLOYMENT PLAN

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

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

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

YOUR SUBTITLE HERE

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

YOUR OWN TITLE HERE

YOUR SUBTITLE HERE

|  |
| --- |
|  |

YOUR SUBTITLE HERE

|  |
| --- |
|  |