

All About Me

This Booklet helps you know about me, so that we can communicate together more easily about what I like and need



Hello, my name is: My birthday is on:





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This Booklet is to take with you when you go on a short break activity. It will help the staff and others around you to understand and get to know about what you like, dislike and what sort of help you may need.

Remember you only need to share this book with people who are helping you at the activity, your friends and family might like to see it too.

Getting to know me!

My favourite toys, games, activities and interests are:







These are some of the things that fascinate me or I can't resist:



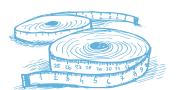
My cultural religious background is: What languages I/my family speak: I need an interpreter Yes No I have a condition/s called: I take medication Yes No This is what I take: When I take it: How I take it: eg. syringe, spoon, in yoghurt

These are the people who can give me my medication:

I also take emergency medication for: (Please read my health care action plan. You cannot give me emergency medication unless you have been trained)



I am this tall and weigh this much:





I am allergic to:
And this is what happens if I have a reaction:
I do not always understand that some things and certain situations could be dangerous. I need help and support in the following: (going out, cooking etc.)
This is how I get on with other children and adults:
These are some things that I really don't like:

Getting around





I get around indoors by:

I get around outdoors by:



I need the following support for toileting:

When I am in the car I need support by: (Seating, escort, etc.)



Fun activities

I would like to take part in the following activities:





To do this activity and feel safe I will need the following equipment and support:





For me to feel safe the activity staff would need the following training: (e.g equipment, emergency medication, tracheotomy etc)

Communication

Let me tell you how well I can see:
(e.g. I can see lights, colours, objects, pictures, symbols or words)



Let me tell you how well I can hear: (e.g. I can hear sounds, recognise and understand; single words, simple sentences, more complex conversation, wear hearing aids)



I use the following communication aid:



I like to use signs, pictures or objects to communicate:



I use these sounds that stand for words: (e.g. By for Bike)



These are the words I know:

I find it easier to understand you if
You approach me like this:
You speak to me like this:
These things make it difficult for me to listen to you:

This is how I tell you how I feel:

This is how I tell you I'm happy:



Some things that make me happy are:



This is how I tell you I'm upset or cross:



Things that make me frightened or anxious are:





This is how I will let you know that I'm hungry:



This is how I will let you know that I'm thirsty:



This is how I will let you know I'm not well or in pain:



This is how I will let you know I want to go to the toilet or please change my pad:

Food and Drink









I like the texture of my food to be:

I like the temperature of my food to be:



I don't like these foods/drinks:



I eat and drink using: (spoon, fork, built up dish, special cup)



I need the following help to eat and drink:

I am not allowed to have any of the following foods/drinks:

Why? What happens if I do?

Consent

I am happy to share this information with activity organisers

Yes No



Useful telephone numbers

This is a list of useful telephone numbers and addresses which may be helpful to you and if necessary I will agree for you to contact them.

Parent/Carer who has parental responsibility:



GP.

Physiotherapist:

Social Worker:

Occupational Therapist:

Health Advisor:

Key worker:

Children's Community Nurse:

Nurse Trainer:

Speech Therapist:

Other things about me I would like you to know:

