


PHOTO GOES HERE

About Me:




Hi! My name is **THIS**. My primary diagnosis is **THIS** and my birthday is **THIS**. My parents names are **THIS**.

****Write more info about child in a new paragraph.

Bathroom	<ul style="list-style-type: none"> • (Diapers, potty training, special instructions, etc.)
Naps	<ul style="list-style-type: none"> • What time? How long?
 For Snack Time:	<ul style="list-style-type: none"> • Hard or soft foods? • Using a bottle, sippy cup, g-tube, open cup, utensils, etc.
Important Feeding Information: (G-tube, Allergies, restrictions, etc.)	<ul style="list-style-type: none"> •



I have seizures. Please see my emergency seizure protocol sheet that is also in my folder!

When I have seizures..	<ul style="list-style-type: none"> •
My most recent seizure was:	<ul style="list-style-type: none"> •
Adaptive Equipment	<ul style="list-style-type: none"> •
 Things that I like:	<ul style="list-style-type: none"> •
 Things that I don't like:	<ul style="list-style-type: none"> •
I communicate by:	<ul style="list-style-type: none"> • (Visuals, hand signs, words/2-step commands)
I understand adults best when they..	<ul style="list-style-type: none"> • *See above*
 Sometimes I make choices that are unsafe like:	<ul style="list-style-type: none"> •
You can help keep me and others safe by:	<ul style="list-style-type: none"> •

Sensory Differences:	•
Things that can help me feel better:	•