

Additional Information About

Child Name: _____ Age: _____

Preferred Communication

- verbal communication
- written communication
- sign language
- gestures/pointing
- body language/ facial expressions
- PECS book (symbol board)
- communication device

Toileting

- fully independent
- needs reminders to initiate
- assistance with buttons/ snaps/ clothing
- assistance with wiping/ cleaning
- reminders to change feminine hygiene products

Things that may challenge me

- dressing toileting needs
- feeding feeling sick
- extended periods of activity
- I'm too hot or cold
- not getting my way
- being told no
- things feel unfair
- having to wait
- feeling afraid
- having to take turns
- not being understood
- schedule change/quick transition
- walking long distances
- feeling hungry or thirsty

Ways to help me

- provide a quiet space
- offer a drink
- offer choices (2-3)
- speak in a calm, quiet voice
- use fewer words
- take a break inside
- use a picture prompt or schedule
- provide sensory input
- talk to me about what's upsetting
- use first/then statements
- one-on-one directions
- peer modeling
- daily visual schedule



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Dressing

- fully independent
- assistance with buttons/ snaps
- assistance with tying shoes
- full assistance needed

Meals

- fully independent
- help choosing food/ filling plate
- help carrying tray/ food
- help pouring/ cutting

Sensory Sensitivities

No Concerns

Seeing: _____

Hearing: _____

Smelling: _____

Touching: _____

Movement: _____

Other: _____

Things I may fear

- animals
- busses
- the dark
- emergency vehicles
- insects
- large groups
- loud noises
- nurses/doctors
- showers
- water/ swimming

Additional Information

Strengths

Swimming Skills



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