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**Scarf Personal Passport - All About Me!**

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| **The Basics!** | |
| **My name is:** | **My date of birth is:** |
| **Today’s date:** | **My age:** |
| **My Mum/Dad/Carer’s Name(s):** | |
| **My additional needs/diagnosis:** | |

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| **How I like to communicate** |
| **How I like to communicate (eg: verbally, sign language, Makaton, non-verbal, communication aids, other):** |
| **If I find it difficult to communicate, I often use these behaviours to tell you something:** |
| **How I like you to communicate with me (eg: speech, speaking slowly, not too many instructions at once, signing, objects of reference, etc.)** |

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| **Likes and Dislikes** |
| **The things I like doing are (include any special interests):** |
| **The things I don’t like are (eg. loud music, shouting, sticky objects, close contact with other people, too much attention at once, being quiet, staying still, etc.)** |
| **If I don’t want to do something I will tell you by:** |
| **If I become angry/irritated/frustrated I want you to (include how I may behave/the signs I’m feeling like this):** |
| **Please let us know if there any behaviour plans in place that we can use to help defuse a difficult situation or wording used at home that you respond to positively:** |

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| **Sensory Needs** |
| **These are the things I struggle to tolerate (eg: noisy places or certain noises, crowded places, smells, particular foods, fabrics, textures, etc)** |
| **If it gets too much for me, this is what you can do to help:** |

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| **Physical Skills** |
| **This is how I move around (including walking, running, climbing stairs, coping with uneven surfaces, etc.):** |
| **This is how you can help me move around and the equipment that I use:**  *(at present Scarf staff are not trained to assist with lifting – please contact us if this is an issue)* |

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| **How I like to socialise** |
| **I find making new friends easy/not so easy:** |
| **I prefer to be with friends/own company/with adults or helpers:** |
| **I like working in a group/prefer my own space:** |
| **Things you can do to help me with socialising/making friends:** |

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| **Personal Care and Hygiene** |
| **This is how I manage my personal care (we understand this is very personal, but please tell us if you can manage on your own/need reminding to use the toilet/need reminding to wash your hands/ any signs that show you may need the toilet, etc.)** |

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| **Eating and Drinking** |
| **These are the things I don’t like eating or can’t eat (include any allergies or food intolerances):**  *(Scarf sometimes provides snacks at clubs, so it’s helpful to know what you can’t have!)* |
| **This is how you can help me when I’m eating and drinking:** |

**Thank you for filling out the form. Please let us know if anything changes so that we can update the form. We will ask you to update this form annually.**

**All the above information will be held for the period that you are a member of Scarf and will only be accessed by the Supervisor leading the activity that you attend, and the support workers working with you.**