A logo with a green and blue logo

AI-generated content may be incorrect.

**My communication preferences [name]**

|  |  |
| --- | --- |
| Add my photo here | Describe what is happening in this photo.  Where am I? Who with? What am I do? Etc |
| Three heart notification icons | **What people like about me**   * Describe what you like about me – this could be aspects of my personality or my strengths |
| right click and select copy | **Building a relationship with me**   * Describe how to get to know me. How do you make me laugh and smile? How do you bond with me? What makes our relationship special? |
| right click and select copy | **Helping me understand**   * Describe how I understand as well as the things I need to help me understand – e.g. spoken or written words, pictures, photos, objects of references, signs, gestures, facial expressions, phone of voice – which of these help and which ones are confusing for me? * What does the communication partner need to do? E.g. pause so I can process it, one thing at a time, gesture at the same time, simple words, single words? |
| right click and select copy | **Helping me tell you my views and wishes**   * How do I communicate? If I do not speak words, what are the clues about what I am communicating? Do I need pictures, signs etc to help me? |
| right click and select copy | **Helping me make choices**   * What helps me to make choices? Is visual support easier for me? * Do I get stressed in making choices? Do you need to ask in a particular way? |
| right click and select copy | **Telling me about my day**   * Do I need visual support to understand routines e.g. now and next board, visual timetable, clinician rota, calendar * How much preparation do I need for changes and transitions? |
| right click and select copy | **Spotting how I am feeling**   * Describe my appearance and behaviours when I am happy, sad, angry, hungry, tired, need the toilet, in pain * Am I able to use a body map, pain scales or emotional zones of regulation? * Do I have a PBS plan with more details? |
| right click and select copy | **Things that bring me joy**   * This could be sensory joy and stimming, activities, people or places. What makes my face light up and my body feel relaxed? |
| right click and select copy | **My sensory preferences & needs**   * Include sensory seeking as well as sensory avoidance * Do I need a sensory assessment – can you link this care plan to a sensory needs plan? |
| right click and select copy | **Helping me feel OK**   * What helps me feel better – distraction? Keeping me busy? Proactive risk-taking, balancing sensory/social diet? Balancing energy ‘spoons’? |
| right click and select copy | **Communication environment**   * Do I like to have labels on cupboards and drawers to help me with household chores – where to put my clothes or the shopping. * Do visual schedules help me be more independent eg morning routine schedule? Step by step instructions |
| People and home illustration | **Making me feel safe**   * What makes me feel safe? Do I need a lot more help to trust others? What helps? |