

**My communication preferences [name]**

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| 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
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| 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?
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| 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?
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| 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?
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| 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?
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| 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?
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| 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?
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| 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?
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| 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?
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| 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’?
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| 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
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| 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?
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