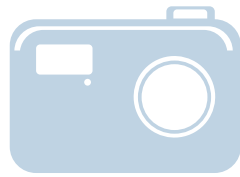


**Introducing...**



**The book about me**

**My name is**

**This book will tell you lots of useful information about me. Please read it so you know how to support me.**

# What's in this book?

1.

Instructions

2.



Essential information you need to know about me

3.

999

What to do in an emergency

4.



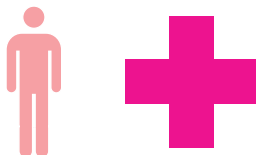
My key contacts

5.



Important people in my life

6.



People who help to keep me healthy and safe

7.



How I like to communicate

8.



How I like you to communicate with me

# What's in this book?

9.  How you can support me
10.  What I like
11.  What I don't like
12.  My routine – typical day/week
13.  Food and drink
14.  My health needs
15.  Any other information

# Instructions

The purpose of this booklet is for others to find out crucial information about a child or young person with high support needs in a short time-frame. It could be used by a new support worker at home, staff at a short-term break service, a learning assistant or teacher at school or a nurse if the person has had to be admitted into hospital. It also contains essential information should an emergency situation occur – whether it is a social care or medical emergency.

Here are some tips for completing it:

Whenever possible, encourage your son/daughter to complete this with you, making sure the information is meaningful. Some children and young people may want to design and complete it themselves. You may want to make a short DVD clip to accompany this information.

You may want to recruit one or two other people who know your child well to help you complete this, for example, their teacher, social worker, personal assistant or health staff.

The best way to encourage people to look at the communication passport is to use photos and /or images (for example, try clip art) rather than relying too heavily on words.

There is no pre-determined size of what this should be. The key is that the booklet is colourful and engaging to the reader. Most people get them laminated as then they last longer.

If your son/daughter uses specialist equipment (communication aids, wheelchairs, standing frames etc.) it is best to include pictures of each piece, and if positioning when in the wheelchair or for feeding is important, include pictures of those too.

Not all the sections in this template will be relevant – just use those sections that are appropriate to your child.

Remember that this information may be made available to people you do not know, so only add information that you and your son/daughter feel comfortable sharing. For example, if your son/daughter does not like being hugged or touched by unfamiliar people, make sure that is written down.

It is best that this booklet is kept on the child/young person at all times, for example, in their change or school bag.

It is useful that the key people to be contacted in an emergency also have an up-to-date copy of the booklet.

This booklet was developed by parents taking part in a FPLD project called an ordinary life. We are very grateful to Karen Alkhina and Laura Jones for helping us shape this booklet.



foundation for  
people with  
learning disabilities

# Essential information you need to know about me



**Date of birth**

**Where I live**

**Diagnosis/Medical condition(s)**

**Allergies**

**Medication(s)**

**Equipment and assistive technology used regularly**

e.g. communication aides, wheelchair, mobility aids, feeding equipment.

# What to do in an emergency

# 999

**If I have a medical emergency please follow these key steps**

**If its an emergency of a social nature**

e.g. I am due to be picked up from school but no one has turned up, please follow these steps.

**Key things not to do in an emergency**

# My key contacts



Please see below for a list of people I would want to be contacted in an emergency.

## Information about next of kin

Name	Relationship to me	Mobile number	Address	What support might they provide in an emergency

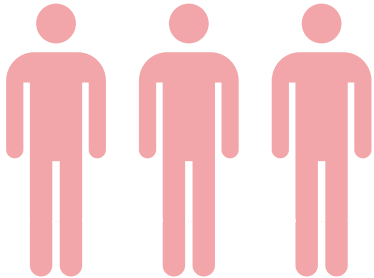
## Emergency contact information of other family members in order of priority

Name	Relationship to me	Mobile number	Address	What support might they provide in an emergency

## Information about organisations, services and professionals that may be able to provide support in an emergency

Name	Relationship to me	Mobile number	Address	What support might they provide in an emergency

# Important people in my life

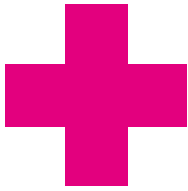


This tells you about all the main people in my life such as family, friends, teachers, personal assistants, pets, etc.

Name	Relationship to me	How often I see them	What we like to do together



# People who help to keep me healthy and safe



This tells you about the main health and social care professionals in my life.

Name	Relationship to me	Telephone/mobile	How often I see them

# How I like to communicate



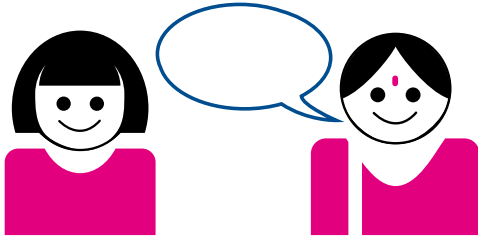
This tells you how I communicate with others. You could include things like how people know when I'm happy/sad/in pain, what assistive equipment I may use.

How I like to communicate e.g. verbally, sign language, communication aids etc.

If I find it difficult to communicate verbally, I often use these behaviours to tell you what I want

When I do this	It means this	Please do this

# How I like you to communicate with me



How I like you to communicate with me e.g. objects of reference, signing, speaking slowly

If I require you to use communication aids this may help you to use them

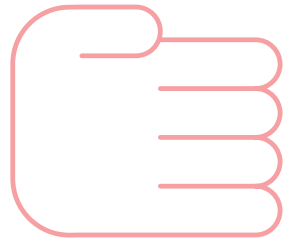
Communication tool	When to use it	How I respond

# How you can support me



	What can I do for myself?	What do I need help with?
Mobility		
Personal care and hygiene		
Feeding		

# How you can support me



	What can I do for myself?	What do I need help with?
<b>Dressing</b>		
<b>Health needs, e.g. taking medication</b>		
<b>Doing activities and things I enjoy</b>		

# What I like



I like going to...	My favourite toys/activities are...
I like doing...	My special interests are...
My favourite foods are...	I also like...

# What I don't like



I don't like going to...	Toys/activities I don't like/ find difficult are...
Things that scare/upset me are...	Foods I don't like are...
I also don't like...	Other things that make me unhappy...

# My routine – typical day



Time	Activity	What I do
	Get up	
	Morning	
	Lunch	
	Afternoon	
	Dinner	
	Evening	
	Bed	

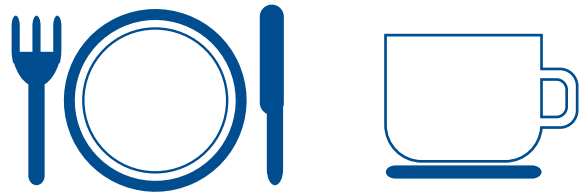


# My routine – typical week



Day	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

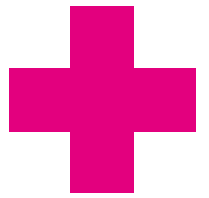
# Food and drink



**Special dietary requirements – e.g. allergies etc.**

**Special feeding requirements – e.g. feeding assistance required, how I am fed etc.**

# My health needs



This section could include equipment used and what its used for, medication history, how I manage and control pain, support needed at night etc.

	What are my needs?
Medication	
Pain management	
Mobility	
Respiratory	
Behaviour	
Sleep/night routine	

# Any other information



A large, empty rectangular box with a thin blue border, occupying the majority of the page below the header and question mark. This box is intended for providing additional information.

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