



# Adult All About Me

This information will assist BOSP Support Workers in giving you quality care. Please include any relevant details you feel would give us a fuller picture, so we can ensure we meet your individual needs.

<b>Name:</b>		<b>Date of birth:</b>	
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Add photo here

Sibling's names: (if applicable)	Age:

**Current diagnosis:**

**Behaviour exhibited:**

Aggressive	<input type="checkbox"/>	Content	<input type="checkbox"/>	Loud	<input type="checkbox"/>	Quiet	<input type="checkbox"/>
Isolated	<input type="checkbox"/>	Introverted	<input type="checkbox"/>	Extroverted	<input type="checkbox"/>	Destructive	<input type="checkbox"/>
Obsessive	<input type="checkbox"/>	Playful	<input type="checkbox"/>	Spitting	<input type="checkbox"/>	Biting	<input type="checkbox"/>
Punching	<input type="checkbox"/>	Scratching	<input type="checkbox"/>	Friendly	<input type="checkbox"/>	Other	<input type="checkbox"/>

**Current management strategy:**



**Reaction to the current strategy:**

Mobility:							
Limited control of limbs	<input type="checkbox"/>	Bottom shuffle	<input type="checkbox"/>	Walk independently	<input type="checkbox"/>	Right sided weakness	<input type="checkbox"/>
Head control	<input type="checkbox"/>	Stand at furniture	<input type="checkbox"/>	Roll	<input type="checkbox"/>	Left sided weakness	<input type="checkbox"/>
Sit unaided	<input type="checkbox"/>	Walk unaided	<input type="checkbox"/>	Control all limbs	<input type="checkbox"/>	Stand independently	<input type="checkbox"/>
Crawl	<input type="checkbox"/>	Walk with an aid	<input type="checkbox"/>	Pivot	<input type="checkbox"/>	Unsteady on feet	<input type="checkbox"/>

<b>Communication: (speech, eye pointing, symbols, signing, gestures, vocalisations)</b> <i>e.g. PECS, Now &amp; Then Boards, Makaton, BSL etc.</i>
<b>Play, Social &amp; Learning Objectives:</b> <i>e.g. to sign please and thank you at lunch time</i>
<b>Eating &amp; Drinking:</b> <i>e.g. strict gluten free diet; will only drink from a cup provided by home</i>

<b>Toileting: (please include rough times if necessary)</b> <i>e.g. changing needs etc.</i>
<b>Maintaining a Safe Environment:</b> <i>e.g. 1:1 support on outings as is prone to wander; swimming aids used; current Step-On Care Plan in place?</i>
<b>Behavioural Triggers:</b> <i>e.g. invasion of personal space</i>

<b>Cultural Needs:</b>
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Young Person's Views: <b>My Likes:</b> 	Young Person's Views: <b>My Dislikes:</b> 
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<b>Name:</b>		<b>Signature:</b>
<b>Nominated Authorised Person:</b>		
<b>Signature:</b>		<b>Date:</b>