INTRODUCING:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Things To Know About Me | | |
| Non-Negotiables  Rituals |  |  |  |
| Here’s what is important TO me |  |  |  |
| Here’s what is important FOR me |  |  |  |
| What supports me in having a good day and why? |  |  |  |
| What does a bad day for me look like and why (causes)? |  |  |  |

**Behavioral and Health Supports:**

|  |  |  |
| --- | --- | --- |
| SUPPORTS | KEY INFORMATION | |
| Supervision Needs and when I may need additional support from staff |  | |
| Communication: Receptive & Expressive. How will you know what I want? |  | |
| TARGETED BEHAVIORS | DESCRIPTION | |
| Identified Behaviors |  |  |
| Antecedents |  | |
| Prevention/Reinforcements |  |  |
| Replacement Strategies |  | |

**KEY HEALTH & MEDICATION INFORMATION:**

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