I HAVE SPECIAL NEEDS.

I may:

- Not respond as expected.
- Be nonverbal or limited verbally (i.e., repeating statements) and unable to express my thoughts and feelings.
- Appear as if I am not listening, but I am.
- Be sensitive to lights and loud noises.
- Be agitated or anxious due to a disturbance in my routine or schedule.
- Find ways to self-soothe by stimming (i.e., rocking back and forth, fidgeting, flapping hands, etc.).
- Resist help.
- Be unaware of danger (i.e., wander or bolt.).

MY NAME IS

______________

MY PARENT/CAREGIVER’S NAME:

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MY PARENT/CAREGIVER’S NUMBER:

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OTHER HELPFUL INFORMATION (i.e., medical needs, sensory sensitivities, items that provide comfort, preferred items, etc.):

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