

# My Special Life™



## Document the Wonder™

The purpose of the *My Special Life* book is to provide your family with a centralized and comprehensive repository of essential information concerning your loved one with special needs.

This book is designed to help you chronicle your loved one's journey and maintain detailed records of their medical history, preferences, abilities, and personal interests to provide valuable insights for future caregivers and support providers.

# Table of Contents

About Me and My Family.....	6
Personal Information .....	6
Birth Details .....	6
Adoption.....	7
Parent or Caregiver 1 .....	7
Parent or Caregiver 2 .....	8
Siblings.....	8
Other Relatives and Friends .....	9
Family Life at Home .....	14
Family Life Away from Home.....	14
Family Traditions .....	15
Religion .....	15
Daily Routine .....	18
Schedule Snapshot.....	18
Getting Ready Routine.....	19
Eating Routine.....	21
Sleeping Routine .....	23
My Room.....	24
Physical Therapy and Exercise Routine.....	25
Special Equipment .....	26
Home Care Help.....	27
More About My Life.....	30
Support Groups and Resources.....	30
Transportation.....	31
Travel.....	32
Skills and Passions.....	35
Skills .....	35
Favorite Activities .....	36

Outreach Programs.....	37
Athletic Programs.....	40
Summer Activities .....	41
Friends and Community .....	45
People Friends.....	45
Animal Friends.....	47
Community Awareness and How to Protect Me.....	47
Intervention Programs and Schools .....	49
Intervention Programs .....	49
School .....	52
Teachers.....	53
Special Teachers.....	55
Subjects.....	57
Day Programs and Employment .....	59
Day Programs and Workshops.....	59
Employment .....	61
Life Skills.....	62
Disability and Medical Support.....	65
Disability Description.....	65
Additional Medical Background .....	66
Allergies .....	66
Physicians and Specialists .....	67
Dentist .....	70
Medications .....	71
Pharmacies and Hospitals.....	72
Emotional Wellbeing and Behaviors .....	75
Emotional Wellbeing .....	75
Behavioral Information.....	78
Persons to Avoid (Do Not Contact) .....	79
Financial and Legal Information .....	83



Important Documents .....	83
Advisors .....	84
Guardianship .....	86
Government Benefits .....	88
Insurance Information .....	89
Residential Planning .....	90
Final Arrangements .....	91
Additional Information .....	94

# About Me and My Family



# About Me and My Family

## Personal Information

<b>Full Name</b>			
<b>Nickname</b>			
<b>Birthday</b>		<b>Citizenship</b>	
<b>Social Security No.</b>			
<b>Parents' Names</b>			
<b>Parents' Citizenship</b>			
<b>Languages</b>			
<b>Home Address</b>			
<b>Home Phone No.</b>		<b>Email</b>	
<b>Right- or Left- Handed</b>			

## Birth Details

The information below is what I am to know and instructions for my caregiver.

<b>Height</b>		<b>Weight</b>	
<b>Sex</b>		<b>Time of Birth</b>	
<b>City</b>		<b>State</b>	
<b>County</b>			
<b>Other Details</b>			

## Adoption

I was chosen for adoption. The information below is what I am to know and instructions for my caregiver.


## Parent or Caregiver 1

<b>Full Name</b>			
<b>Occupation</b>	<input type="checkbox"/> Homemaker	<input type="checkbox"/> Employed	<input type="checkbox"/> Self-Employed
<b>Company</b>			
<b>Job Title</b>			
<b>Work Address</b>			
<b>Work Phone</b>		<b>Cell Phone</b>	
<b>Work Email</b>			
<b>Personal Email</b>			
<b>Medical History</b>			
<b>Interest, Hobbies, and Organizations</b>			

## Parent or Caregiver 2

<b>Full Name</b>			
<b>Occupation</b>	<input type="checkbox"/> Homemaker	<input type="checkbox"/> Employed	<input type="checkbox"/> Self-Employed
<b>Company</b>			
<b>Job Title</b>			
<b>Work Address</b>			
<b>Work Phone</b>		<b>Cell Phone</b>	
<b>Work Email</b>			
<b>Personal Email</b>			
<b>Medical History</b>			
<b>Interest, Hobbies, and Organizations</b>			

## Siblings

Name	Age	Relationship	Cell Phone


## Other Relatives and Friends

### Caregiver 1's Parent(s)

<b>Full Names</b>			
<b>Address</b>			
<b>Phone</b>		<b>Cell Phone</b>	
<b>Email</b>			
<b>Relationship</b>			
How involved my grandparents are in my life, how often we are together, how able they are to care for me.			
<b>Cultural Heritage</b>			

### Caregiver 2's Parent(s)

<b>Full Names</b>	
<b>Address</b>	

<b>Phone</b>		<b>Cell Phone</b>	
<b>Email</b>			
<b>Relationship</b>			
How involved my grandparents are in my life, how often we are together, how able they are to care for me.			
<b>Cultural Heritage</b>			

**Other Relative 1**

*Examples: Aunts, Uncles, and Cousins*

<b>Full Name</b>			
<b>Relationship</b>			
<b>Address</b>			
<b>Phone</b>		<b>Cell Phone</b>	
<b>Email</b>			
<b>Relationship Details</b>			
How involved this family member is in my life, how often we are together, how able they are to care for me.			

## Other Relative 2

*Examples: Aunts, Uncles, and Cousins*

<b>Full Name</b>			
<b>Relationship</b>			
<b>Address</b>			
<b>Phone</b>		<b>Cell Phone</b>	
<b>Email</b>			
<b>Relationship Details</b>			
How involved this family member is in my life, how often we are together, how able they are to care for me.			

## Other Relative 3

*Examples: Aunts, Uncles, and Cousins*

<b>Full Name</b>			
<b>Relationship</b>			
<b>Address</b>			
<b>Phone</b>		<b>Cell Phone</b>	
<b>Email</b>			
<b>Relationship Details</b>			
How involved this family member is in my life, how often we are together, how able they are to care for me.			

## Other Relative 4

*Examples: Aunts, Uncles, and Cousins*

<b>Full Name</b>			
<b>Relationship</b>			

<b>Address</b>			
<b>Phone</b>		<b>Cell Phone</b>	
<b>Email</b>			
<b>Relationship Details</b>			
How involved this family member is in my life, how often we are together, how able they are to care for me.			

### Close Friend 1

<b>Full Name</b>			
<b>Relationship</b>			
<b>Address</b>			
<b>Phone</b>		<b>Cell Phone</b>	
<b>Email</b>			
<b>Relationship Details</b>			
How involved this close friend is in my life, how often we are together, how able they are to care for me.			

### Close Friend 2

<b>Full Name</b>			
<b>Relationship</b>			
<b>Address</b>			
<b>Phone</b>		<b>Cell Phone</b>	
<b>Email</b>			
<b>Relationship Details</b>			
How involved this close friend is in my life, how often we are together, how able they are to care for me.			


### Close Friend 3

<b>Full Name</b>			
<b>Relationship</b>			
<b>Address</b>			
<b>Phone</b>		<b>Cell Phone</b>	
<b>Email</b>			
<b>Relationship Details</b>			
How involved this close friend is in my life, how often we are together, how able they are to care for me.			

### Close Friend 4

<b>Full Name</b>			
<b>Relationship</b>			
<b>Address</b>			
<b>Phone</b>		<b>Cell Phone</b>	
<b>Email</b>			
<b>Relationship Details</b>			
How involved this close friend is in my life, how often we are together, how able they are to care for me.			





Place of Worship Contact 1			
<b>Name</b>		<b>Title</b>	
<b>Phone</b>		<b>Email</b>	
<b>Role</b> The role this individual plays in my life is...			
Place of Worship Contact 2			
<b>Name</b>		<b>Title</b>	
<b>Phone</b>		<b>Email</b>	
<b>Role</b> The role this individual plays in my life is...			
Activities			
I participate in the following religious activities (when and where).			
Traditions			
I honor the following religious traditions and holidays.			
Place of Worship Friends			
<b>Name</b>	<b>Phone</b>	<b>Friendship Details</b>	

# My Daily Routine



# Daily Routine

## Schedule Snapshot

<b>Wakeup Time</b>	
<b>Post-Wakeup Activities</b>	
<b>Meal and Snack Times</b>	
Morning	
Afternoon	
Evening	
<b>Personal Hygiene Activities</b>	
Self	
Need Assistance	
<b>Scheduled Activities</b>	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	
<b>Pre-Bedtime Activities</b>	
My Favorite Television Shows, Movies, Games, Bedtime Stories, etc.	
<b>Bedtime</b>	

## Getting Ready Routine

<b>Getting Ready Routine</b>					
How I get ready for the day and what I can do for myself.					
<b>Clothing</b>					
<b>Favorite Clothing Items</b>					
<b>Special Clothing Item(s) or Uniform(s)</b>					
<b>Weekend Activities' Clothing</b>					
<b>Personal Hygiene</b>					
<b>Toothbrushing Instructions and Toothpaste Brand</b>					
<b>Diapers</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<b>Brand</b>		<b>Size</b>

**Please change me according to the following instructions:**


**I might need the following assistance or equipment when using the washroom:**


**I will let someone know if I need the washroom or to be changed by:**


**My daily bathing routine and preferences include:**


**Caregiver Bathing Instructions (I.e., hair washing)**


**Cosmetic Usage (I.e., deodorant, cologne, makeup, etc.)**


**Feminine Hygiene Instructions**


## Eating Routine

Meal and Snack Times			
Morning			
Afternoon			
Evening			
Favorite Foods			
Please select all that apply.			
<input type="checkbox"/> Apples	<input type="checkbox"/> Cereal	<input type="checkbox"/> Fruit Snacks	<input type="checkbox"/> Peas
<input type="checkbox"/> Apricots	<input type="checkbox"/> Cheese	<input type="checkbox"/> Hamburgers	<input type="checkbox"/> Pickles
<input type="checkbox"/> Avocado	<input type="checkbox"/> Crackers	<input type="checkbox"/> Hot Dogs	<input type="checkbox"/> Pizza
<input type="checkbox"/> Bananas	<input type="checkbox"/> Cream of Wheat	<input type="checkbox"/> Lunch Meat	<input type="checkbox"/> Pork
<input type="checkbox"/> Beans	<input type="checkbox"/> Cookies	<input type="checkbox"/> Macaroni & Cheese	<input type="checkbox"/> Potatoes
<input type="checkbox"/> Beef	<input type="checkbox"/> Corn	<input type="checkbox"/> Meatloaf	<input type="checkbox"/> Rice
<input type="checkbox"/> Berries	<input type="checkbox"/> Cucumbers	<input type="checkbox"/> Nuts	<input type="checkbox"/> Sandwiches
<input type="checkbox"/> Bread (White)	<input type="checkbox"/> Donuts	<input type="checkbox"/> Oranges	<input type="checkbox"/> Smoothies
<input type="checkbox"/> Bread (Whole Wheat)	<input type="checkbox"/> Eggs	<input type="checkbox"/> Pasta	<input type="checkbox"/> Spinach
<input type="checkbox"/> Carrots	<input type="checkbox"/> Fish	<input type="checkbox"/> Peaches	<input type="checkbox"/> Soup
<input type="checkbox"/> Casserole	<input type="checkbox"/> French Fries	<input type="checkbox"/> Pears	<input type="checkbox"/> Yogurt
Favorite Meals			
Favorite Snacks			
Food Allergies or Restrictions			

<b>Least Favorite Foods</b>
I don't like the following foods or condiments.
<b>Food Preparation Notes</b>
<b>Favorite Eating Places</b>
Where I eat my meals in the house.
<b>Favorite Restaurants</b>
<b>Eating Challenges or Special Needs</b>



## My Room

<b>Location in the Home</b>
<b>Type of Bed</b>
<b>Special Equipment</b>
<b>Favorite Pastimes</b>
<b>Favorite Books and Magazines</b>
<b>Favorite Music</b>
<b>Favorite Possessions</b>

## Physical Therapy and Exercise Routine

<b>Business Name</b>			
<b>Address</b>			
<b>Parking</b>			
<b>Physical Therapist</b>			
<b>Name</b>			
<b>Phone</b>		<b>Email</b>	
<b>Therapy Schedule</b>			
<b>What I wear to physical therapy...</b>			
<b>What I take with me....</b>			
<b>Exercises I perform at home...</b>			
<b>Additional Notes</b>			

## Special Equipment

Equipment Item and Location	Use Instructions and Care

## Home Care Help

Individuals who come to our home to help, who they are, and how they can be reached.

Medical Personnel			
Organization			
Name			
Phone		Email	
Service Provided			

Advocate			
Organization			
Name			
Phone		Email	
Service Provided			

Sitter 1			
Organization			
Name			
Phone		Email	
Service Provided			

Sitter 2			
Organization			
Name			
Phone		Email	
Service Provided			

Respite Care Helpers			
Organization			
Name			
Phone		Email	

<b>Service Provided</b>	
-------------------------	--

<b>Teacher 1</b>			
<b>Organization</b>			
<b>Name</b>			
<b>Phone</b>		<b>Email</b>	
<b>Service Provided</b>			

<b>Teacher 2</b>			
<b>Organization</b>			
<b>Name</b>			
<b>Phone</b>		<b>Email</b>	
<b>Service Provided</b>			

<b>Other Caregiver 1</b>			
<b>Organization</b>			
<b>Name</b>			
<b>Phone</b>		<b>Email</b>	
<b>Service Provided</b>			

<b>Other Caregiver 2</b>			
<b>Organization</b>			
<b>Name</b>			
<b>Phone</b>		<b>Email</b>	
<b>Service Provided</b>			

## More About My Life



# More About My Life

## Support Groups and Resources

Group 1			
<b>Organization</b>			
<b>Name</b>			
<b>Phone</b>		<b>Email</b>	
<b>Group Overview</b>			

Group 2			
<b>Organization</b>			
<b>Name</b>			
<b>Phone</b>		<b>Email</b>	
<b>Group Overview</b>			

Group 3			
<b>Organization</b>			
<b>Name</b>			
<b>Phone</b>		<b>Email</b>	
<b>Group Overview</b>			

Group 4			
<b>Organization</b>			
<b>Name</b>			
<b>Phone</b>		<b>Email</b>	
<b>Group Overview</b>			

## Transportation

Individuals who may transport me and how they can be reached.

Individual #1			
Name			
Phone		Email	
Method			

Individual #2			
Name			
Phone		Email	
Method			

Individual #3			
Name			
Phone		Email	
Method			

Individual #4			
Name			
Phone		Email	
Method			

Individual #5			
Name			
Phone		Email	
Method			

Special Equipment Needed

## Travel

### Travel Fears or Illnesses


### Period of Time

I can comfortably remain confined while traveling.


### My Special Travel Companions


### Special Travel Arrangements


### Preferred Means of Travel and Why




# My Skills and Passions



PROTECTED TOMORROWS®

A Simplicity Commitment

# Skills and Passions

## Skills

I can do many things...	
<input type="checkbox"/> I can sit up <input type="checkbox"/> I can stand <input type="checkbox"/> I can walk by myself <input type="checkbox"/> I am very active <input type="checkbox"/> I can say a few words <input type="checkbox"/> I can talk in sentences <input type="checkbox"/> I can use the telephone <input type="checkbox"/> I can let people know what I want and need <input type="checkbox"/> I can eat with help	<input type="checkbox"/> I can eat alone with my hands <input type="checkbox"/> I can eat with a knife, fork, and/or spoon <input type="checkbox"/> I can serve myself <input type="checkbox"/> I can fix a few items of food <input type="checkbox"/> I can clap my hands <input type="checkbox"/> I can laugh <input type="checkbox"/> I understand jokes <input type="checkbox"/> I tell jokes
Other things I can do are...	

There are some things I need help with...	
<input type="checkbox"/> I need help sitting up <input type="checkbox"/> I need a device to help me move around <input type="checkbox"/> I need help with eating	<input type="checkbox"/> I need help with bathing <input type="checkbox"/> I need help with using the bathroom <input type="checkbox"/> I need help with dressing
Other things my caregivers help me with...	

## Favorite Activities

I enjoy doing many things on my own...	
Activity	Notes
<input type="checkbox"/> Watching television	
<input type="checkbox"/> Watching movies	
<input type="checkbox"/> Listening to music	
<input type="checkbox"/> Coloring and drawing	
<input type="checkbox"/> Reading	
<input type="checkbox"/> Playing board games	
<input type="checkbox"/> Exercising	
<input type="checkbox"/> Playing video games	
<input type="checkbox"/> Using the computer	
<input type="checkbox"/> Other _____	
<input type="checkbox"/> Other _____	
<input type="checkbox"/> Other _____	
<input type="checkbox"/> Other _____	

I enjoy doing many things with the help of others...	
Activity	Notes
<input type="checkbox"/> Helping with the animals	
<input type="checkbox"/> Helping in the kitchen	
<input type="checkbox"/> Helping in the garden	
<input type="checkbox"/> Playing outside	
<input type="checkbox"/> Other _____	
<input type="checkbox"/> Other _____	
<input type="checkbox"/> Other _____	
<input type="checkbox"/> Other _____	
<input type="checkbox"/> Other _____	

## Outreach Programs

Program #1			
<b>Program</b>			
<b>Contact Name</b>			
<b>Phone No.</b>		<b>Cell No.</b>	
<b>Email Address</b>			
<b>Website</b>			
<b>Address</b>			
<b>Transportation Arrangements</b> (Cost and Notice)			
<b>Registration</b>			
<b>Program Cost</b>			
<b>Day(s)/Time(s)</b>			
<b>Purpose and Activities</b>			

Program #2			
<b>Program</b>			
<b>Contact Name</b>			
<b>Phone No.</b>		<b>Cell No.</b>	
<b>Email Address</b>			

<b>Website</b>	
<b>Address</b>	
<b>Transportation Arrangements</b> (Cost and Notice)	
<b>Registration</b>	
<b>Program Cost</b>	
<b>Day(s)/Time(s)</b>	
<b>Purpose and Activities</b>	

Program #3			
<b>Program</b>			
<b>Contact Name</b>			
<b>Phone No.</b>		<b>Cell No.</b>	
<b>Email Address</b>			
<b>Website</b>			
<b>Address</b>			
<b>Transportation Arrangements</b> (Cost and Notice)			

<b>Registration</b>	
<b>Program Cost</b>	
<b>Day(s)/Time(s)</b>	
<b>Purpose and Activities</b>	

<b>Program #4</b>			
<b>Program</b>			
<b>Contact Name</b>			
<b>Phone No.</b>		<b>Cell No.</b>	
<b>Email Address</b>			
<b>Website</b>			
<b>Address</b>			
<b>Transportation Arrangements</b> (Cost and Notice)			
<b>Registration</b>			
<b>Program Cost</b>			
<b>Day(s)/Time(s)</b>			
<b>Purpose and Activities</b>			

## Athletic Programs

Such as Special Olympics and Special Recreation Associations

Athletic Program #1			
<b>Program</b>			
<b>Contact Name</b>			
<b>Phone No.</b>		<b>Cell No.</b>	
<b>Email Address</b>			
<b>Website</b>			
<b>Address</b>			
<b>Transportation Arrangements</b> (Cost and Notice)			
<b>Registration</b>			
<b>Program Cost</b>			
<b>Day(s)/Time(s)</b>			
<b>Equipment</b>			
<b>Level of Participation</b>			

Athletic Program #2	
<b>Program</b>	
<b>Contact Name</b>	

<b>Phone No.</b>		<b>Cell No.</b>	
<b>Email Address</b>			
<b>Website</b>			
<b>Address</b>			
<b>Transportation Arrangements</b> (Cost and Notice)			
<b>Registration</b>			
<b>Program Cost</b>			
<b>Day(s)/Time(s)</b>			
<b>Equipment</b>			
<b>Level of Participation</b>			

## Summer Activities

<b>Summer Activity #1</b>			
<b>Program</b>			
<b>Contact Name</b>			
<b>Phone No.</b>		<b>Cell No.</b>	
<b>Email Address</b>			
<b>Website</b>			

<b>Address</b>	
<b>Transportation Arrangements</b> (Cost and Notice)	
<b>Registration</b>	
<b>Program Cost</b>	
<b>Day(s)/Time(s)</b>	
<b>Purpose and Activities</b>	

<b>Summer Activity #2</b>			
<b>Program</b>			
<b>Contact Name</b>			
<b>Phone No.</b>		<b>Cell No.</b>	
<b>Email Address</b>			
<b>Website</b>			
<b>Address</b>			
<b>Transportation Arrangements</b> (Cost and Notice)			
<b>Registration</b>			



<b>Program Cost</b>	
<b>Day(s)/Time(s)</b>	
<b>Purpose and Activities</b>	

# My Friends and Community



# Friends and Community

## People Friends

Friend #1			
<b>Name</b>			
<b>Phone No.</b>		<b>Cell No.</b>	
<b>Email Address</b>			
<b>Address</b>			
<b>How I know this friend and what we like to do together...</b>			

Friend #2			
<b>Name</b>			
<b>Phone No.</b>		<b>Cell No.</b>	
<b>Email Address</b>			
<b>Address</b>			
<b>How I know this friend and what we like to do together...</b>			

Friend #3			
<b>Name</b>			
<b>Phone No.</b>		<b>Cell No.</b>	
<b>Email Address</b>			
<b>Address</b>			
<b>How I know this friend and what we like to do together...</b>			

Friend #4			
<b>Name</b>			
<b>Phone No.</b>		<b>Cell No.</b>	
<b>Email Address</b>			
<b>Address</b>			
<b>How I know this friend and what we like to do together...</b>			

## Animal Friends

<b>My reactions to animals...</b>

## Community Awareness and How to Protect Me

<b>What my parents tell me about strangers...</b>
<b>Places I should never be left alone...</b>
<b>Places where my parents feel safe leaving me...</b>

# My Intervention Programs and Schools



# Intervention Programs and Schools

## Intervention Programs

Intervention Program #1			
<b>Title</b>			
<b>Contact Name</b>			
<b>Phone No.</b>		<b>Cell No.</b>	
<b>Email Address</b>			
<b>Website</b>			
<b>Address</b>			
<b>Transportation Arrangements</b> (Cost and Notice)			
<b>Registration</b>			
<b>Program Cost</b>			
<b>Day(s)/Time(s)</b>			
<b>Objectives of the program...</b>			
<b>Challenges with the program...</b>			

<b>Personal evaluation of program...</b>

<b>Intervention Program #2</b>			
<b>Title</b>			
<b>Contact Name</b>			
<b>Phone No.</b>		<b>Cell No.</b>	
<b>Email Address</b>			
<b>Website</b>			
<b>Address</b>			
<b>Transportation Arrangements</b> (Cost and Notice)			
<b>Registration</b>			
<b>Program Cost</b>			
<b>Day(s)/Time(s)</b>			
<b>Objectives of the program...</b>			
<b>Challenges with the program...</b>			

<b>Personal evaluation of program...</b>

Intervention Program #3			
<b>Title</b>			
<b>Contact Name</b>			
<b>Phone No.</b>		<b>Cell No.</b>	
<b>Email Address</b>			
<b>Website</b>			
<b>Address</b>			
<b>Transportation Arrangements</b> (Cost and Notice)			
<b>Registration</b>			
<b>Program Cost</b>			
<b>Day(s)/Time(s)</b>			
<b>Objectives of the program...</b>			
<b>Challenges with the program...</b>			

<b>Personal evaluation of program...</b>

## School

<b>School Name</b>			
<b>Grade</b>			
<b>Contact Name</b>			
<b>Contact Title</b>			
<b>Phone No.</b>		<b>Cell No.</b>	
<b>Email Address</b>			
<b>Address</b>			
<b>Transportation Arrangements</b> (Cost and Notice)			
<b>Day(s)/Time(s)</b>			
<b>Items I take to school and their location in the home...</b>			

<b>Participation limitations, other than physical...</b>
<b>Physical limitations...</b>
<b>Concerns or fears about school, if any...</b>
<b>Strengths in school...</b>

## Teachers

<b>Teacher #1</b>			
<b>Name</b>			
<b>Subject</b>			
<b>Phone No.</b>		<b>Cell No.</b>	
<b>Email Address</b>			

<b>Room Location</b>	
<b>My relationship with this teacher is...</b>	

Teacher #2			
<b>Name</b>			
<b>Subject</b>			
<b>Phone No.</b>		<b>Cell No.</b>	
<b>Email Address</b>			
<b>Room Location</b>			
<b>My relationship with this teacher is...</b>			

Teacher #3			
<b>Name</b>			
<b>Subject</b>			
<b>Phone No.</b>		<b>Cell No.</b>	
<b>Email Address</b>			
<b>Room Location</b>			
<b>My relationship with this teacher is...</b>			

Teacher #4			
<b>Name</b>			
<b>Subject</b>			
<b>Phone No.</b>		<b>Cell No.</b>	
<b>Email Address</b>			
<b>Room Location</b>			
<b>My relationship with this teacher is...</b>			

## Special Teachers

Special Teacher #1			
<b>Name</b>			
<b>Subject</b>			
<b>Phone No.</b>		<b>Cell No.</b>	
<b>Email Address</b>			
<b>Room Location</b>			
<b>My relationship with this teacher is...</b>			

Special Teacher #2	
<b>Name</b>	
<b>Subject</b>	

<b>Phone No.</b>		<b>Cell No.</b>	
<b>Email Address</b>			
<b>Room Location</b>			
<b>My relationship with this teacher is...</b>			

<b>Special Teacher #3</b>			
<b>Name</b>			
<b>Subject</b>			
<b>Phone No.</b>		<b>Cell No.</b>	
<b>Email Address</b>			
<b>Room Location</b>			
<b>My relationship with this teacher is...</b>			

<b>Special Teacher #4</b>			
<b>Name</b>			
<b>Subject</b>			
<b>Phone No.</b>		<b>Cell No.</b>	
<b>Email Address</b>			
<b>Room Location</b>			
<b>My relationship with this teacher is...</b>			



# My Day Programs and Employment



# Day Programs and Employment

## Day Programs and Workshops

Program/Workshop #1			
<b>Title</b>			
<b>Contact Name</b>			
<b>Phone No.</b>		<b>Cell No.</b>	
<b>Email Address</b>			
<b>Website</b>			
<b>Address</b>			
<b>Transportation Arrangements</b> (Cost and Notice)			
<b>Registration</b>			
<b>Program Cost</b>			
<b>Day(s)/Time(s)</b>			
<b>Any challenges with the program or workshop...</b>			

Program/Workshop #2	
<b>Title</b>	
<b>Contact Name</b>	

<b>Phone No.</b>		<b>Cell No.</b>	
<b>Email Address</b>			
<b>Website</b>			
<b>Address</b>			
<b>Transportation Arrangements</b> (Cost and Notice)			
<b>Registration</b>			
<b>Program Cost</b>			
<b>Day(s)/Time(s)</b>			
<b>Any challenges with the program or workshop...</b>			

<b>Program/Workshop #3</b>			
<b>Title</b>			
<b>Contact Name</b>			
<b>Phone No.</b>		<b>Cell No.</b>	
<b>Email Address</b>			
<b>Website</b>			
<b>Address</b>			

<b>Transportation Arrangements</b> (Cost and Notice)	
<b>Registration</b>	
<b>Program Cost</b>	
<b>Day(s)/Time(s)</b>	
<b>Any challenges with the program or workshop...</b>	

## Employment

<b>Employer</b>			
<b>Location</b>			
<b>Contact</b>			
<b>Phone No.</b>		<b>Cell No.</b>	
<b>Email Address</b>			
<b>Address</b>			
<b>Transportation Arrangements</b>			
<b>Job Description</b>			
<b>Prior Notice</b>			

<b>Cost</b>	
<b>Day(s)/Time(s)</b>	
<b>Any challenges with the program or workshop...</b>	

## Life Skills

Describe my life skills and capabilities in detail...

<b>Daily Routine (Awaken, Personal Hygiene, etc.)</b>
<b>Meal Preparation</b>
<b>Shopping (Food and Personal Items)</b>



# My Disability and Medical Support



# Disability and Medical Support

## Disability Description

### Medical and Legal Description


### Disability Terminology and Definitions


### Reference Materials

Additional information about my disability and where it can be found:


## Additional Medical Background

### Immunizations

Immunization	Dates of Coverage
	____ / ____ to ____ / ____
	____ / ____ to ____ / ____
	____ / ____ to ____ / ____
	____ / ____ to ____ / ____
	____ / ____ to ____ / ____
	____ / ____ to ____ / ____
	____ / ____ to ____ / ____
	____ / ____ to ____ / ____

### Additional Information


## Allergies

Please list any food, medication, supplements, outdoor, indoor, animals, perfumes, and colognes.

Food Allergen	Reaction	Action Needed
Medication Allergen	Reaction	Action Needed

Outdoor Allergen	Reaction	Action Needed
Indoor Allergen	Reaction	Action Needed
Animal Allergen	Reaction	Action Needed
Other Allergens	Reaction	Action Needed

## Physicians and Specialists

Primary Care Physician			
<b>Name</b>			
<b>Phone No.</b>		<b>Cell No.</b>	

<b>Email Address</b>			
<b>Website</b>			
<b>Firm Name</b>			
<b>Address</b>			
<b>How I interact with this physician...</b>			

<b>Other Physician or Specialist</b> Speech, Hearing, Vision, etc.			
<b>Name</b>			
<b>Specialty</b>			
<b>Phone No.</b>		<b>Cell No.</b>	
<b>Email Address</b>			
<b>Website</b>			
<b>Firm Name</b>			
<b>Address</b>			
<b>How I interact with this physician or specialist...</b>			

<b>Other Physician or Specialist</b> Speech, Hearing, Vision, etc.	
<b>Name</b>	

<b>Specialty</b>			
<b>Phone No.</b>		<b>Cell No.</b>	
<b>Email Address</b>			
<b>Website</b>			
<b>Firm Name</b>			
<b>Address</b>			
<b>How I interact with this physician or specialist...</b>			

<b>Other Physician or Specialist</b>			
Speech, Hearing, Vision, etc.			
<b>Name</b>			
<b>Specialty</b>			
<b>Phone No.</b>		<b>Cell No.</b>	
<b>Email Address</b>			
<b>Website</b>			
<b>Firm Name</b>			
<b>Address</b>			
<b>How I interact with this physician or specialist...</b>			

## Dentist

<b>Name</b>			
<b>Phone No.</b>		<b>Cell No.</b>	
<b>Email Address</b>			
<b>Website</b>			
<b>Firm Name</b>			
<b>Address</b>			
<b>Summary of Dental History</b>			
<b>Special Information and Instructions</b>			

## Medications

Prescribed Medications			
Name of Medication	Dosage	Frequency	Time of Day

Over-the-Counter Medications			
Name of Medication	Dosage	Frequency	Time of Day

Medication Side Effects to Note	
Name of Medication	Side Effect


Prohibited Medications (Do Not Use)	
Name of Medication	Reason I should not have this medication

## Pharmacies and Hospitals

### Primary Pharmacy

<b>Name</b>	
<b>Phone No.</b>	
<b>Address</b>	
<b>Hours of Operation</b>	

### Secondary Pharmacy

<b>Name</b>	
<b>Phone No.</b>	

<b>Address</b>	
<b>Hours of Operation</b>	

**Primary Hospital**

<b>Name</b>	
<b>Phone No.</b>	
<b>Address</b>	
<b>Hours of Operation</b>	

**Nearest 24-Hour Healthcare Facility**

<b>Name</b>	
<b>Phone No.</b>	
<b>Address</b>	
<b>Hours of Operation</b>	

# My Emotional Wellbeing and Behaviors



# Emotional Wellbeing and Behaviors

## Emotional Wellbeing

### Positive Emotional Level

When I have a positive emotional level, I am...

- Happy     Active     Affectionate     Responsive     Sociable     Agreeable

### Challenged Emotional Level

When I have a challenged emotional level, I am...

- Sad     Quiet     Withdrawn     Shy     Antisocial     Angry     Crying

### Additional Information

Below are further details and explanation about my emotional attitudes above...


### Emotional Upset

If there is emotional upset, it may be a result of the following possibilities...


### Easing Emotional Discomfort

Suggestions for easing my emotional discomfort are as follows...



### Therapists and Counselors

Therapist or Counselor #1			
<b>Name</b>			
<b>Title</b>			
<b>Phone No.</b>		<b>Cell No.</b>	
<b>Email Address</b>			
<b>Website</b>			
<b>Firm Name</b>			
<b>Address</b>			
<b>How I respond to this therapist/counselor...</b>			

Therapist or Counselor #2			
<b>Name</b>			
<b>Title</b>			
<b>Phone No.</b>		<b>Cell No.</b>	
<b>Email Address</b>			

<b>Website</b>	
<b>Firm Name</b>	
<b>Address</b>	
<b>How I respond to this therapist/counselor...</b>	

<b>Therapist or Counselor #3</b>			
<b>Name</b>			
<b>Title</b>			
<b>Phone No.</b>		<b>Cell No.</b>	
<b>Email Address</b>			
<b>Website</b>			
<b>Firm Name</b>			
<b>Address</b>			
<b>How I respond to this therapist/counselor...</b>			

## Behavioral Information

### Special Needs Behaviors and Successful Interventions

<b>Personality Description</b>
<b>Behavior Triggers and Support</b>
<b>Antisocial Behaviors and Support</b>
<b>Obsessions and Support</b>
<b>Social Skills</b>
I have been taught the following social skills...


### Adult Behavior

<b>Age at Puberty</b>
<b>Impulse Control</b>
<b>Age Level of Friends</b>
<b>Sexual Behavior</b>

### Persons to Avoid (Do Not Contact)

<b>Name</b>	
<b>Firm Name</b>	
<b>Address</b>	

<b>Reason(s)</b>	

<b>Name</b>	
<b>Firm Name</b>	
<b>Address</b>	
<b>Reason(s)</b>	

<b>Name</b>	
<b>Firm Name</b>	
<b>Address</b>	
<b>Reason(s)</b>	

<b>Name</b>	
<b>Firm Name</b>	
<b>Address</b>	
<b>Reason(s)</b>	

<b>Name</b>	
-------------	--

<b>Firm Name</b>	
<b>Address</b>	
<b>Reason(s)</b>	

<b>Name</b>	
<b>Firm Name</b>	
<b>Address</b>	
<b>Reason(s)</b>	

<b>Name</b>	
<b>Firm Name</b>	
<b>Address</b>	
<b>Reason(s)</b>	

# My Financial and Legal Information



# Financial and Legal Information

## Important Documents

Wills and Trusts			
Document		Location	
Document		Location	
Document		Location	
Document		Location	
Document		Location	

Insurance Papers			
Document		Location	
Document		Location	
Document		Location	
Document		Location	
Document		Location	

Investments and Bank Records			
Document		Location	
Document		Location	
Document		Location	
Document		Location	
Document		Location	

SSI, Medicare, Medicaid Records and Applications			
Document		Location	

<b>Document</b>		<b>Location</b>	
<b>Document</b>		<b>Location</b>	
<b>Document</b>		<b>Location</b>	
<b>Document</b>		<b>Location</b>	

<b>Deeds and Titles</b>			
<b>Document</b>		<b>Location</b>	
<b>Document</b>		<b>Location</b>	
<b>Document</b>		<b>Location</b>	
<b>Document</b>		<b>Location</b>	
<b>Document</b>		<b>Location</b>	

## Advisors

<b>Financial Planner or Advisor</b>			
<b>Name</b>			
<b>Phone No.</b>		<b>Cell No.</b>	
<b>Email Address</b>			
<b>Website</b>			
<b>Firm Name</b>			
<b>Address</b>			

<b>Regular Attorney</b>			
<b>Name</b>			
<b>Phone No.</b>		<b>Cell No.</b>	

<b>Email Address</b>			
<b>Website</b>			
<b>Firm Name</b>			
<b>Address</b>			

<b>Special Needs Attorney</b>			
<b>Name</b>			
<b>Phone No.</b>		<b>Cell No.</b>	
<b>Email Address</b>			
<b>Website</b>			
<b>Firm Name</b>			
<b>Address</b>			

<b>Banker</b>			
<b>Name</b>			
<b>Phone No.</b>		<b>Cell No.</b>	
<b>Email Address</b>			
<b>Website</b>			
<b>Firm Name</b>			
<b>Address</b>			

<b>Advocate</b>	
<b>Name</b>	

<b>Phone No.</b>		<b>Cell No.</b>	
<b>Email Address</b>			
<b>Website</b>			
<b>Firm Name</b>			
<b>Address</b>			

<b>Accountant</b>			
<b>Name</b>			
<b>Phone No.</b>		<b>Cell No.</b>	
<b>Email Address</b>			
<b>Website</b>			
<b>Firm Name</b>			
<b>Address</b>			

## Guardianship

### Short-Term Guardians

<b>Contact 1</b>			
<b>Name</b>		<b>Phone No.</b>	
<b>Address</b>			
<b>Dates of Guardianship for Each Occasion</b>			

<b>Contact 2</b>
------------------

<b>Name</b>		<b>Phone No.</b>	
<b>Address</b>			
<b>Dates of Guardianship for Each Occasion</b>			

### Power(s) of Attorney

Contact 1			
<b>Name</b>		<b>Phone No.</b>	
<b>Email</b>			
<b>Address</b>			

Contact 2			
<b>Name</b>		<b>Phone No.</b>	
<b>Email</b>			
<b>Address</b>			

### Legal Guardians

*If my parents are disabled or deceased, the below individuals will be my legal guardians:*

Contact 1			
<b>Name</b>		<b>Phone No.</b>	
<b>Email</b>			
<b>Address</b>			

Contact 2			
<b>Name</b>		<b>Phone No.</b>	
<b>Email</b>			
<b>Address</b>			

## Government Benefits

Medicaid	
<b>Case No.</b>	
<b>Recipient No.</b>	
<b>District Office Name</b>	
<b>District Office Address</b>	
<b>District Office Phone No.</b>	
<b>Caseload No.</b>	

Social Security: Caregiver 1	
<b>Type of Benefit</b>	<input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> DAC
<b>Claim No.</b>	
<b>Representative Payee Name</b>	
<b>Representative Payee Phone No.</b>	
<b>District Office Name</b>	
<b>District Office Phone No.</b>	
<b>District Office Address</b>	
<b>Name of Representative</b>	

Social Security: Caregiver 2	
Type of Benefit	<input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> DAC
Claim No.	
Representative Payee Name	
Representative Payee Phone No.	
District Office Name	
District Office Phone No.	
District Office Address	
Name of Representative	

Medicare	
Type of Program(s)	<input type="checkbox"/> Part A <input type="checkbox"/> Part B
Claim No.	
Additional Programs	

## Insurance Information

Health Insurance	
Insurance Company Name	
Phone	
Website	
Insured's Name	
Insured's Social Security No.	
Group No.	
Benefit Information Location	



Residential Community (If Applicable)	
Community Name	
Representative Name	
Phone No.	
Email	
Address	
Additional Information	

## Final Arrangements

Arrangements
When I pass away, please observe the following arrangements:

Resting Place
My final resting place will be:

**Additional Contacts**

People to contact other than those who are already mentioned in this book.

Name	Phone	Contact Details

## Additional Information







