**Sensory Sensitivities**

*(Highlight any significant sensory differences or needs)*

**Information about Food and Toilet**

**Things that I don’t like are:**

**My favourite things are:**

**Child’s Name:**

**Emotional Regulation**

 *(How I stay calm and happy)*

**I am working on…**

**Communication and Visuals**

 *(How I like to communicate and*

*visual supports that I need)*

Pic