# Guidance for Completing "All About Me!"



An Introduction for the School Team

My Name: Name of Record	I Prefer to be Called: Name or Names that the youth would like for others to use
My Birthdate:	My Current Age: Age when document is completed. Update current age when document is updated.
Others that know the youth well can a interactions with the youth. Completic	formation as possible when completing each section.  Iso add information based on their experiences and on of the form should not be rushed and the youth may ent for accuracy before it is shared with others.
My Strengths and Skills	Consider all types of skills, strengths, and talents. These include interpersonal or social abilities, resilience, physical attributes, areas of academic success, persistence, creative talents such as art, music, theater, engaging personality, leadership, patience, and self-determination and more.
My Interests	Consider what is important, or of interest, to the youth from the youth's perspective. Include special interests and fascinations. Describe anything that is used in a positive reinforcement plan. Describe interests that others can use to create a connection with the youth or to engage the youth.
How I Like to Spend My Free Time	Include activities that the youth will often select to do when given a choice. Include items that the youth may mention when discussing interests. Describe what others have observed the youth to do when given free time and access to multiple options Include activities that the youth may have enjoyed when in the family home or in the previous school.

#### **How I Communicate**



Consider all aspects of communication. How does the youth express needs, wants, emotions? Consider how the youth may use body language or facial expressions to communicate. How does the youth best understand requests, directions, or information from others? What assists the youth to process communication from others? Include a description of any communication supports such as visual supports, sign language, or a communication device.

#### My Sensory Snapshot



Identify the youth's sensory sensitivities and preferences. Consider all of the senses – Auditory, Visual, Olfactory, Touch, Taste, Proprioception, Vestibular, and Interoception. What type of sensory input is pleasing, calming, organizing, and regulating? What type of sensory input can dysregulate, interfere with learning, or possibly trigger a trauma response? Some of this information may also be included in other areas below.

#### My Challenges/Needs



Identify when help or support is needed. Consider a variety of areas such as interpersonal or social support, co-regulation (emotional support), physical assistance, areas of academic need, communication needs, executive function (attention, organization, etc.), transitioning, or other important areas of need that others may not consider, or the youth may not request assistance when it is needed.

# What keeps me feeling Safe and Regulated



Highlight the types of proactive support that the youth needs access to in order to remain regulated. Focus on supports that are needed prior to the youth becoming dysregulated. Consider what the youth might naturally do to stay regulated or what others have done proactively to assist the youth to stay emotionally regulated, calm, and/or safe. This could include types of environments, activities, interactions, objects, or people that may be important to have access to remain regulated.

## What makes me feel Stressed, Nervous, or Unsafe



Identify the situations or triggers that the team should be aware of that might cause the youth to become dysregulated and possibly feel unsafe or engage in unsafe actions. Consider triggers such as words (example: "no, stop, don't"), people, places, odors, foods, activities, transitions, time of day/week/month/year, or other triggers that are specific to the youth and the youth's past trauma.

### How I look when I feel Stressed, Nervous, or Unsafe







What might others notice when the youth is beginning to feel unsafe? What are the signs of dysregulation for this youth? Consider the youth's body language and facial expressions. Describe how the youth might look or what he/she might say when he is becoming dysregulated. What might the youth do (or try to do) when feeling stressed or nervous? What are the obvious and subtle cues to be aware of so that the team is able to provide timely support?

What you can do when I am having a big feeling, panicking, or feeling unsafe.



What can others do when the youth is panicking or is feeling unsafe and escalating to a dysregulated state? Consider what has been done to successfully support the youth in the most difficult moments. For example: Does the youth need someone to talk with or would no talking and quiet be best? Are there any sensory items that would help to regain regulation? Would the youth want someone close or is space important? Would music help? Explore these and other possible supports that work for the youth.

Priority skills that I am working on at the \_\_\_name of residential house\_\_ house



What are the priority skills that the youth is working on in the residential home? Examples might include learning to use coping skills and strategies to regulate emotions and remain safe. Learning to work cooperatively with others and daily living skills might be a target area. Communication is often part of the target skills as well as increasing independence. Include information about the targeted skills and any strategies or supports that are being used.

**And More About Me** 



What Else? Add any additional information or observations that will help the team support the youth to feel welcome, included, safe, and comfortable.