NAME

Individual’s Picture

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| **Important TO me:** |
| * **Communication:**
* **Likes, preferences, etc. :**
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| **Important FOR me:** |
| * **Meal time:**
* **Hygiene:**
* **Sleeping:**
* **Adaptive Equipment:**
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| **When I Do This** | **It Means This** | **You Should Do This** |
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**Risk Summary:**

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| **What it is?** | **What I need from you to keep me safe?** |
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| **MY DAILY ROUTINE:**   |
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| **MY SUPERVISION:**   |
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| **IMPORTANT PEOPLE IN MY LIFE:**   |
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