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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