# About Me

(This document is for volunteers to learn from and keep updated to help the student have the best experience while in your care.)

# Name

Birthdate

Food Allergies

Mom:

Dad:

Physical Needs we can help with:

Ways to engage and subjects to talk about (siblings, pets, games, movies, etc.):

Communication: Devices used; common words and signs:

Triggers we’ve seen and calming methods that may work:

Expected behaviors:

Behaviors that may indicate stress:

Goals (Spiritual, Behavioral, Social):

Other Ideas and ways to help him/her have the best experience while in our care: