

Name

Birthdate

Family

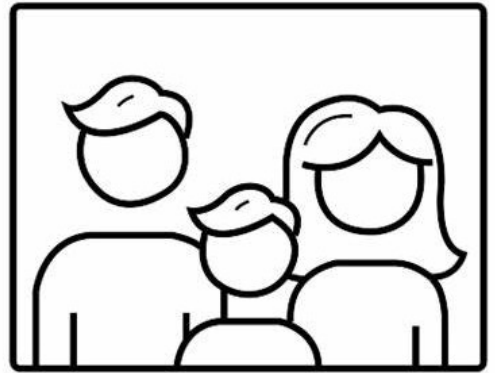
Mom:

Dad:

Siblings:

Pets:

School/Job/Day Program:



Likes

Dislikes

Physical Needs

Communication

Triggers, Behaviors, and Solutions