



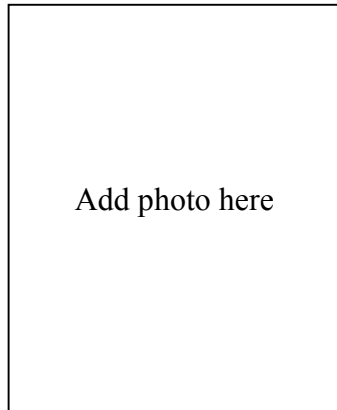
**BOSP**

Brighter Opportunities  
through supported play

# All About Me

This information will assist BOSP in giving quality of care for your child in your absence. Please include any relevant details you feel would give us a fuller picture, so we can ensure we meet your child's individual needs.

**My Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_



<b>Current Diagnosis:</b>	
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<b>Behaviour exhibited:</b>							
<b>Aggressive:</b>	<input type="checkbox"/>	<b>Content:</b>	<input type="checkbox"/>	<b>Loud:</b>	<input type="checkbox"/>	<b>Quiet:</b>	<input type="checkbox"/>
<b>Isolated:</b>	<input type="checkbox"/>	<b>Introverted:</b>	<input type="checkbox"/>	<b>Extroverted:</b>	<input type="checkbox"/>	<b>Destructive:</b>	<input type="checkbox"/>
<b>Obsessive:</b>	<input type="checkbox"/>	<b>Playful:</b>	<input type="checkbox"/>	<b>Spitting:</b>	<input type="checkbox"/>	<b>Biting:</b>	<input type="checkbox"/>
<b>Punching:</b>	<input type="checkbox"/>	<b>Scratching:</b>	<input type="checkbox"/>	<b>Friendly:</b>	<input type="checkbox"/>	<b>Other:</b>	

<b>Current Management Strategy:</b>	
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<b>My Reaction to the Current Strategy:</b>	
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<b>Mobility:</b>							
Limited control of limbs:	<input type="checkbox"/>	Bottom shuffle:	<input type="checkbox"/>	Walk independently:	<input type="checkbox"/>	Right sided weakness	<input type="checkbox"/>
Head control:	<input type="checkbox"/>	Stand at furniture:	<input type="checkbox"/>	Roll:	<input type="checkbox"/>	Left sided weakness:	<input type="checkbox"/>
Sit unaided:	<input type="checkbox"/>	Walk unaided:	<input type="checkbox"/>	Control all limbs:	<input type="checkbox"/>	Stand independently:	<input type="checkbox"/>
Crawl:	<input type="checkbox"/>	Walk with an aid:	<input type="checkbox"/>	Pivot:	<input type="checkbox"/>	Unsteady on feet:	

<b>Likes: (please list activities or specific objects)</b>	<b>Dislikes: (please list activities or specific references)</b>
e.g. Swimming	e.g. Sudden loud noises
<b>Communication: (speech, eye pointing, symbols, signing, gestures, vocalisations)</b>	<b>Toileting: (please include rough times if necessary)</b>
<b>Play, Social &amp; Learning objectives:</b>	<b>Maintaining a Safe Environment:</b>
e.g. To sign please and thank you at lunch time.	e.g. 1:1 support on outings as is prone to wander.
<b>Eating &amp; Drinking:</b>	<b>Behavioural Triggers:</b>
e.g. Strict gluten free diet. Will only drink from a cup provided by home.	e.g. Invasion of personal space.

**Any other information:**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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