

"How to Tell Someone What I Need"

For those who need care and deserve to be heard.

My Name Is: _____

How I Like to Be Supported When Upset or Overwhelmed (select all that apply)

- ☐ Give me some alone time before speaking again (If it's safe to do so)
- ☐ Sit with me quietly so I'm not alone
- ☐ Offer my music, fidget toy, comfort item, or something familiar (What and Where) _____
- ☐ Lower the lights and reduce background noise
- ☐ Don't rush me to speak or respond
- ☐ Use calm and gentle tone – not raised voices.
- ☐ Ask before touching me or offering physical comfort
- ☐ Avoid saying things like "calm down" or "you're fine" – it makes me feel worse
- ☐ Other/s: _____

How I Like to communicate (select all that apply)

- ☐ I prefer to talk
- ☐ I write or use text
- ☐ I use pointing or showing
- ☐ I use an app or device (Name/Location) _____
- ☐ I draw or use pictures (Method/Tools) _____
- ☐ I use signing (BSL or Other) _____
- ☐ I prefer Makaton
- ☐ Other/s: _____
- ☐ Please use simple or monosyllabic words
- ☐ Please communicate slowly
- ☐ Please communicate quietly
- ☐ Please give me time to think and respond

What Makes Me Feel Safe (select all that apply)

- ☐ My headphones (What I like to Listen to) _____
- ☐ A favourite toy or item (What and Where) _____
- ☐ A photo or sentimental object (What and Where) _____
- ☐ Something to hold or squeeze (Suggestions: hard, soft, fluffy, smooth, etc.) _____
- ☐ Other/s: _____
- ☐ People I Trust to Help Me (Contact Info) _____
- ☐ Places That Help me Feel Safe & Calm _____

What Makes Things Harder (select all that apply)

- ☐ Loud Noises
- ☐ Crowds or busy places
- ☐ Strangers
- ☐ Being touched
- ☐ Sudden changes
- ☐ Being asked too many questions
- ☐ Other/s: _____
- _____
- _____

What I Like (and Don't) (select all that apply)

Foods and Drinks I Like: _____

Foods and Drinks I **Don't** Like: _____

- ☐ Music (Genre/s and Method i.e., YouTube, CDs, etc.) _____
- ☐ Drawing (What Equipment and Where Is It Kept) _____
- ☐ Games (Type and Equipment) _____
- ☐ Talking (Favourite Topics) _____
- ☐ Reading (Genre/s and Method, i.e., e-reader) _____
- ☐ Other/s: _____

- ☐ Things I don't like or avoid: _____
- _____
- _____
- _____
- _____
- _____

My Daily Routine Preferences

I Like To Wake Up Around: _____

I Usually Eat Around: _____

I Get Tired or Need Quiet Time Around: _____

Everyday or Most Days, I Like to do: _____

- ☐ Don't Change These Routines Without Warning

What I Want You To Know About Me

I Wish People Knew... _____

What I Want You To Know About Me (Continued)

If I Had A Good Day, It Would Look Like...

When People Listen To Me, I Feel...

Anything Else You Would Like To Add:

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.