

Use this checklist to gather information about a team member who needs support. If there is something you don't know, make a plan about how to get the information and who to ask (*the family, a team member's school day teacher, or the team member*). Use the information gathered to decide what additional supports could be put in place.

## Strengths and Interests

<input type="checkbox"/>	Strengths	<b>Notes:</b>
<input type="checkbox"/>	Interests	
<input type="checkbox"/>	Favorite Activities, Books, or Characters	
<input type="checkbox"/>	What People Like About the Team Member	
<input type="checkbox"/>	What Makes the Team Member Laugh	

## Areas of Support

<input type="checkbox"/>	Least Favorite Activities and Environments (e.g., loud sounds, crowded spaces)	<b>Notes:</b>
<input type="checkbox"/>	Things That are Difficult	
<input type="checkbox"/>	Times When the Team Member Needs Help (e.g., hearing in noisy environments)	
<input type="checkbox"/>	Things That are Scary or Unpleasant (e.g., large events, public speaking)	

## Accommodations (*Things that Help the Team Member...*)

<input type="checkbox"/>	Get Involved	<b>Notes:</b>
<input type="checkbox"/>	Calm Down	
<input type="checkbox"/>	Figure Something Out	
<input type="checkbox"/>	Try	

## Communication Supports

<input type="checkbox"/>	Preferred Method ( <i>words, pictures, gestures</i> )	<b>Notes:</b>
<input type="checkbox"/>	How the Team Member Gets Needs Met	
<input type="checkbox"/>	How the Team Member Asks for Help	
<input type="checkbox"/>	How the Team Member Interacts with Others	

## Assistive Technology (*Family will provide some equipment*)

<input type="checkbox"/>	Adaptive Equipment ( <i>curved utensil, modified power tool grip</i> )	<b>Notes:</b>
<input type="checkbox"/>	Communication Devices ( <i>iPad, Picture Exchange Communication System</i> )	
<input type="checkbox"/>	Mobility Supports ( <i>walker, map of room/facility</i> )	

## Medical Needs

<input type="checkbox"/>	Medical Needs Support Plan	<b>Notes:</b>
<input type="checkbox"/>	Emergency Action Plan	
<input type="checkbox"/>	Documentation from Physician ( <i>allergies, required meal substitutions</i> )	