Support Manual

Name

1. Goals
2. All About Me
3. Health
	1. Diagnoses/Medicine
	2. Emergency contacts
4. Communication
5. Behavior Supports
6. Activities of Daily Living
	1. Eating
	2. Dressing
	3. Toileting
	4. Bathing
	5. Grooming
	6. Cooking
	7. Shopping and meal planning
	8. Household chores
7. Leisure In The Home
8. Going In The Community
9. Typical Daily Schedule

# **Goals:**

1. Name will
2. Name will
3. Name will
4. Name will

# **All About Me:**

Literacy/Numeracy

Strengths

Likes

Dislikes

Fears

**Health/Medical:**

# **Emergency Contacts/Family:**

# **Communication:**

# **Behavior supports:**

# **Activities of Daily Living:**

Eating

Dressing

Bathing

Grooming

Cooking

Shopping and meal planning

Household chores

# **Leisure In The Home:**

# **Going In The Community:**

# **Daily Schedule:**

|  | Sun. | Mon. | Tues. | Wed. | Thurs. | Fri. | Sat. |
| --- | --- | --- | --- | --- | --- | --- | --- |
| AM |  |  |  |  |  |  |  |
| PM |  |  |  |  |  |  |  |