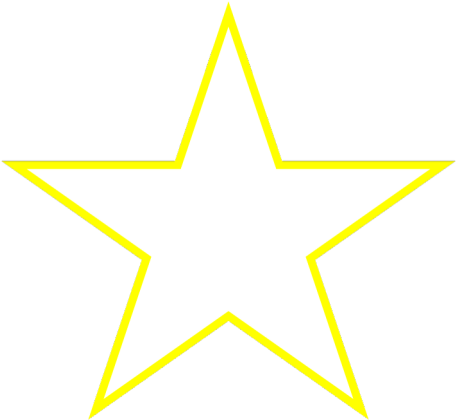


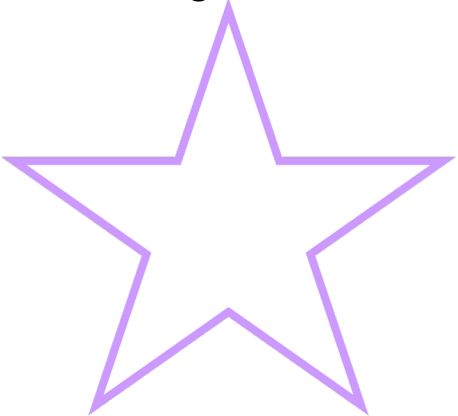
My name is



One thing I like



One thing I don't like



Communication Passport

Communication

I prefer to communicate by

Words

☐

Gestures
(eyes/hands)

☐

Writing
things down

☐

Other

☐

When communicating with me please do
this: _____

Please
don't: _____

Sensory- I am affected in these ways



taste



touch



smell



see



hear

Things I might find hard

Waiting ____

Taking Turns ____

Working in groups ____

Following instructions ____

Remembering to write work down ____

Working on my own initiative ____

Concentrating ____

Things that might make me stressed or upset?

You can tell I am upset
because I will

How you can help

Brain Breaks ____

Ask If I need help ____

Prompt me to do next task ____

These might make me feel better