

# Person-Centered

## PROFILE

Name: \_\_\_\_\_

Who I Am:

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About Me:

Age: \_\_\_\_\_

School &  
Grade: \_\_\_\_\_

Live with: \_\_\_\_\_  
\_\_\_\_\_

Pets: \_\_\_\_\_

Guardian/Emergency Contact Info.:

Name: \_\_\_\_\_

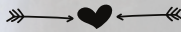
Phone: \_\_\_\_\_













Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Things I Love: 

 _____	 _____
 _____	 _____
 _____	 _____
 _____	 _____
 _____	 _____
 _____	 _____
 _____	 _____







Hopes, Dreams, Expectations:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Strengths & Gifts:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_













What I Am Working on, Learning:

 _____	 _____
 _____	 _____
 _____	 _____













# Person-Centered

PROFILE - CONT.

What Works for Me:

	_____		_____
	_____		_____
	_____		_____
	_____		_____
	_____		_____
	_____		_____

What Doesn't Work for Me:

	_____		_____
	_____		_____
	_____		_____
	_____		_____
	_____		_____
	_____		_____











Medical Diagnoses:

<input type="radio"/>	_____
<input type="radio"/>	_____
<input type="radio"/>	_____
<input type="radio"/>	_____
<input type="radio"/>	_____
<input type="radio"/>	_____
<input type="radio"/>	_____
<input type="radio"/>	_____

Medication Side Effects:

<input type="radio"/>	_____
<input type="radio"/>	_____
<input type="radio"/>	_____
<input type="radio"/>	_____
<input type="radio"/>	_____
<input type="radio"/>	_____
<input type="radio"/>	_____
<input type="radio"/>	_____

Other Helpful Things to Know

	_____		_____
	_____		_____
	_____		_____
	_____		_____
	_____		_____