EXPLORERS HORIZONS

Initial Assessment

About Me

Name:

Preferred Name:

Pronouns:

Date of Birth:

Interests

Favourite activities:

Special interests:

Things I enjoy:

Goals

Short-term goals:

Long-term goals:

Communication

How do I communicate?

How do I show I am happy?

How do I show I am anxious?

How can staff best support communication?

Sensory Profile

Things I seek:

Things I avoid:

Helpful sensory tools:

Independence

Can prepare snacks

☐ Independent

☐ Prompted

☐ Full support

Can manage money

☐ Independent

☐ Prompted

☐ Support required

Can cross roads safely

☐ Yes

☐ With support

☐ No

Can travel independently

☐ Yes

☐ With support

☐ No

Personal Care

Toileting:

Eating:

Drinking:

Dressing:

Personal hygiene:

Emotional Regulation

Known triggers:

Warning signs:

Helpful strategies:

Safe calming activities:

Health

Medical conditions:

Medication:

Allergies:

Emergency procedures:

Risk Summary

Key risks:

Control measures:

Desired outcomes:

Review Schedule: