



When I wake up.....



Breakfast....



Dressing....



Child Care...



At home



Bedtime



Medical/Health



X Pre-School

Passport All About Me

Photo	My Name is:	
	Date of Birth: Age in months:	
People involved with me (professionals) e.g. speech and language		
Name	Position / Job Role	Reports Given
What people like and admire about me?		
• • •		
What's important to me?		
Important information for you to know about me:		
I can use the toilet? Y/N		
I am still in Nappies? Y/N		
How I communicate • • • How you can help me with this • • • Things I like to do • • • What makes me happy? • • • Things that make me sad? • • • When I am sad you may see me: • • • Things that make me anxious and how I react to these:		

• • • Strategies you can use to help me: • • •	
What's important for me to keep safe and well How I move around the environment • • • Equipment I may need to use • • • My self-help skills (things I can do by myself and things I need help with) • • • How you can help me to become more independent • • • Safety (danger) awareness Yes / No	
Other information relating to my dietary needs, health, allergies, Medication	
Things you may consider throughout my day • • • What needs to put in place to support this: • • •	
Any other information we need to know. (Including Parent / Carers job roles)	
Next Steps / Actions Identified / Individual Plan / Office use only	
Sign by Parent/Carer Date:	Sign by Little Stars Representative Date: