

ABOUT ME

child's legal name

name child prefers to be called

month/year of this update



insert child's
current photo

VISION STATEMENT

Include 3-4 sentences about your vision for your child's life, their needs, how your family and your child's providers can best support them, and how they can be part of their community.

MY CHILD'S STRENGTHS

Tell us about any recent milestones (i.e., physical, speech, or development-related) that your child has achieved, activities your child prefers to do and areas in which they excel.

WHAT MY CHILD IS CURRENTLY WORKING ON

Share a list of current physical, speech-related, developmental or behavioral goals you are currently working on with your child.

WHAT WORKS WELL FOR MY CHILD

Detail approaches that work best with your child when they become frustrated, how best to model appropriate responses/behavior, and ways to establish healthy interactions with your child.

WHAT DOES NOT WORK FOR MY CHILD

Share what frustrates or upsets your child, including seemingly minor things like approaching them too quickly, getting too close or talking too much.

Please also fill out "My Healthcare Providers" and "My Daily Schedule" to give clinicians a more complete picture of your child's recent progress and upcoming needs.

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