

Questionnaire to help develop a Communication Passport

| Personal Details | |
|------------------|--|
| Name | |
| Address | |
| Birthday | |
| Personality | |

Do you have a photo of this person? Y / N

| Important people in my life | | | |
|-----------------------------|------|--------------|------------|
| | Name | Relationship | Photo? Y/N |
| Family & friends | | | |

| How you can help me understand | |
|---|--|
| e.g. <ul style="list-style-type: none"> ▪ Using simple sentences ▪ Call my name to get my attention first ▪ Speak in short sentences | <ul style="list-style-type: none"> ▪ Use visual support such as pictures and symbols ▪ Use Makaton signs ▪ Use objects of reference ▪ Repeat |
| | |

| How I will tell you things | |
|---|--|
| What I do when I am feeling happy and sad etc? (e.g. smiling/ frowning) | |
| How do I indicate that I want something? | |

| | |
|---|--|
| How do I express that I like something? | |
| How do I express that I dislike something? | |
| How do I say 'yes' or 'no'? (e.g. grabbing something or pushing away) | |
| How do I can make choices? (e.g. when shown pictures or real objects) | |
| How do I indicate when I am in pain? | |
| How do I indicate when I would like attention? | |
| How do I indicate when I am tired? | |
| How do I indicate when I am bored? | |
| How do I indicate when I am hungry or thirsty? | |

| | |
|---|---|
| Things I like | |
| e.g. <ul style="list-style-type: none"> ▪ Objects ▪ Places ▪ Activities ▪ Particular people | <ul style="list-style-type: none"> ▪ Music ▪ TV programmes ▪ Games ▪ Food & drink ▪ Being around other people or being alone |
| | |

| | |
|---|---|
| Things I don't like | |
| e.g. <ul style="list-style-type: none"> ▪ Objects ▪ Places ▪ Activities ▪ Particular people | <ul style="list-style-type: none"> ▪ Music ▪ TV programmes ▪ Games ▪ Food & drink ▪ Being around other people or being alone |
| | |

| Places I have been to | | |
|------------------------------|------------|-------------|
| e.g. | | |
| ▪ To live | ▪ Holidays | ▪ Day trips |
| | | |

| Things I need support with | | |
|-----------------------------------|---------------------|---------------------------------|
| e.g. | | |
| ▪ Toileting | ▪ Eating & drinking | ▪ Getting in and out of the car |
| | | |

| Other important things | |
|---|--|
| Eating and drinking – any special diet? | |
| Behaviour – any unusual behaviours? | |
| Visual / hearing / mobility or health problems? | |