

TRANSITION PASSPORT

Adapted from the *Supporting Successful Transitions* publication.

My Passport



Name: _____

I communicate with others by: _____

I use the following visual supports:

Photos

PECS™

Visual schedules

Cue cards

Other: _____

I might have difficulty understanding you when: _____

You can help me by: Breaking task down ☐ Simplifying instruction ☐

Waiting for 10 seconds before repeating instruction ☐

Using a visual ☐ Referring me to my PECS™ file ☐

Other: _____

I have the following sensory needs: _____

I seek: _____

I avoid: _____

I need help when interacting with my peers:

Always ☐ Regularly ☐ Sometimes ☐ Rarely ☐

You can help me by providing:

Verbal prompts ☐ Visual supports for game rules ☐

Social stories ☐ Support to take turns ☐

Help me to join games with others ☐

Other: _____

My friends are: _____

When playing, I like to: _____

My favourite things/activities are: _____

I like to eat: _____

I don't like to eat: _____

I am motivated by: _____

I avoid: _____

When I'm feeling stressed I: _____

You can help me to calm down by:

Providing visual support of what is expected ☐ Allowing a short break ☐

Providing a different activity ☐ Offering a favourite thing/activity ☐

Other: _____

Eating Skills:

Independent ☐ Some assistance required ☐ Totally dependent ☐

Comments: _____

Toileting Skills:

Independent ☐ Some assistance required ☐ Totally dependent ☐

Comments: _____

Thank you for taking the time to get to know me!