|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Celebratory Profile | | Name: | | Date of Birth: | |
| Things that people love about  me in my setting. |  | Things that make me happy  in my setting. |  | How I like to be supported  in my setting. |  |
|  | |  | |  | |
| Things that people love about  me at home. |  | Things that make me happy  at home. |  | How I like to be supported  at home. |  |
|  | |  | |  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Celebratory Profile | | Name: | | Date of Birth: | |
| Food and drink – likes, dislikes and the help I need. |  | My medical, physical and sensory needs. |  | Things that help me to communicate. |  |
|  | |  | |  | |
| People and pets who are special to me at home. |  | People who make me feel happy in my setting. |  | Professionals who are helping me to thrive. |  |
|  | |  | |  | |