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