# 

# Play passport

# My name is ………..How to use

Complete this play passport with the parent and child (if appropriate) before they start with you.

Doing this before the child starts will help you plan. This will allow you to make any reasonable adjustments and do any training.

If you need to put reasonable adjustments in place, give yourself time. Be honest with the parent about a realistic start time.

For example, if the child has a feeding tube, you may need to organise training for staff before the child starts with you.

This document gives you information about the child or young person and how to support them well.

Share this passport with all staff working with that child or young person.

We recommend that you offer a passport like this to all children.

## All about me

(Insert picture or drawing)

**My name is:**

I am years old

People who are important to me:

My favourite thing to do is

I communicate verbally

### Things I like:

#### Thinks I don’t like

##### When I am upset or distressed

It helps me when I have a quiet place to go and read my book. Please make sure a book is available for when I need to go to my quiet place.

##### Worries, fears or obsessions

How can we support them?

##### Communication

How does Verbal, non-verbal, uses PECS or objects of reference, needs to see your eyes when speaking to them.

### My intimate personal care needs

I wear nappies yes no

I need help using the toilet yes no

I need help with feeding yes no

I am fed by a tube yes no

#### Authorisation to provide intimate care

I authorise \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to deliver intimate care to

Name of child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian.

Date \_\_\_\_\_\_\_\_\_\_

Any other instructions/information:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### Intimate care routine

Explain what to do.

If a child uses a feeding tube, when does this need to be done?

Who is trained to do this?

###### **Allergies, intolerances and medication**

For medium or high risk issues, you must read and apply the care plan and risk assessment.

Medium risk

High risk

**Behaviour management**

Do they run away?

Do they hurt themselves?

Do they hurt others?

How can we best support with this?

For medium or high risk issues, you must read and apply the care plan and risk assessment.

Medium risk

High risk