



PlayWise Support Passport ©

The aim of the PlayWise Support Passport is to provide all those caring for your baby, child or young person at home, or in the community or hospital setting with essential and up to date information. This information will help us to work in partnership with you in meeting their needs. This document can be used to support all key transitions, access leisure and play activities, education and holiday provision, health and social care support and ensure the right information is provided at the key milestones of your child/ young person's life.

Name:

Completed By:

Date:

Signed:

Please ensure this passport is updated when changes occur

Please add dates of any reviews/ updated information to ensure this becomes a working document.

Date of Completion:

Date of Review:

Nursery/ School/ college I attend:

Class:

Staff, health professionals and carers - please make sure you read this document before you work with me. It will help you to get to know me and know how awesome I am.

NOTE TO PROFESSIONALS

THIS DOCUMENT WILL GIVE YOU INFORMATION ALL ABOUT ME INCLUDING THINGS THAT ARE IMPORTANT TO ME, MY LIKES & DISLIKES AND THINGS YOU MUST KNOW ABOUT ME.

Please copy and date this support passport and file in child file/electronic notes and share with key members of staff that are working directly with the child/ young person.

In partnership with





Things You Must Know About Me

Name:

I like to be called:



Date of Birth:



Ethnicity:



Religion:



Address:



My Contact Details

Email:



Mobile Number:

If I am under 18 years - who is my primary contact:

I live with:

Family Contact Person Contact Details

Main Carer:



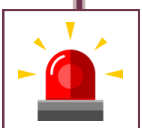
Relationship:



Contact Number:



Emergency Contact Name:



Relationship:

Contact Details:

Other people that are important to me:

Things You Must Know About Me

My GP:



Contact No.:



I have the following Diagnosis/
Conditions:



Known Medical Conditions:



This diagnosis/ condition/s affect
me in the following way/s:

Any Relevant Care Plans?

- Respect
- Symptom Management
- Residential Placement
- Care Agency
- EHCP- Education & Health Care Plan
- Other

EQUIPMENT AND MEDICINES

Medication:



How Do I Take My Medicines?

(Am I allergic to any medicines and what can't I have? Am I allergic to anything else like animals, soap or pollen? Am I sensitive to other things like perfume or smells?)



Feeding Devices I Have In Place:



Name:

i.e. NG, gastrostomy, PEG, PEG-J, G-J

Brand:

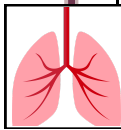
Size:

Equipments That I Need:

(Include ventilators, humidifiers, saturation monitors, suction monitors, chairs, feed pumps, emergency tracheostomy kit, spare gastrostomy button or PEG repair kit.)



Breathing: *(Include tracheostomy tube size and brand (and any alternatives if there are stock issues/any brands that I have had a reaction to, CPAP/Bi-PAP/ Ventilator settings, suction, oxygen, cough assist)*



Keeping Safe and Specific Support

Needs: *(Include beds, sides, floor mats, hoisting, chairs, O.T aids - consider communication needs, challenging and complicated behaviours)*





Things You Must Know About Me

How I communicate:
(For example, Words, Makaton, BSL etc)



What language/s I speak:

My special interests:



How I would like you to
communicate with me?

Things that make me
happy:





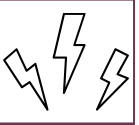
Things You Must Know About Me

Things I struggle with that cause me distress:



How do I communicate distress?

How I experience pain?



How I communicate pain?

What should the adult do if I am hurt or in pain?

What to do if I am anxious & how you can help me cope:





PLAYWISE LEARNING CIC
FOR UNIQUE CHILDREN

Things You Must Know About Me

How I Eat (*risk of choking, help with eating, feeding method-bolus, feed plan, pump, top-up/cutlery needed, temperature, texture, likes/dislikes*):



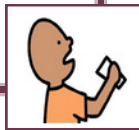
Sleeping (*sleep pattern, routine, sleep systems and equipment*):



Personal Care (*dressing, washing, feeding*):



How I Drink (*small amounts, thickened fluids, including drinking method, temperature, texture, unsafe swallow no oral fluids, likes/dislikes*):



How I Use The Toilet (*continence aids, help to get to the toilet*):



Hygiene & Intimate Care

(Please include details about the words you use when talking to me about my body. What words do I know for my personal areas and genitals? What makes me feel safe and comfortable when I need intimate care?)



MY LIKES AND DISLIKES

Likes: For example - what makes me happy, things I like to do i.e. watching TV, reading, music, routines.

Dislikes: For example - don't shout, food I don't like, physical touch, triggers etc.

My Likes:



Things I Don't Like:





MY SENSORY PROFILE

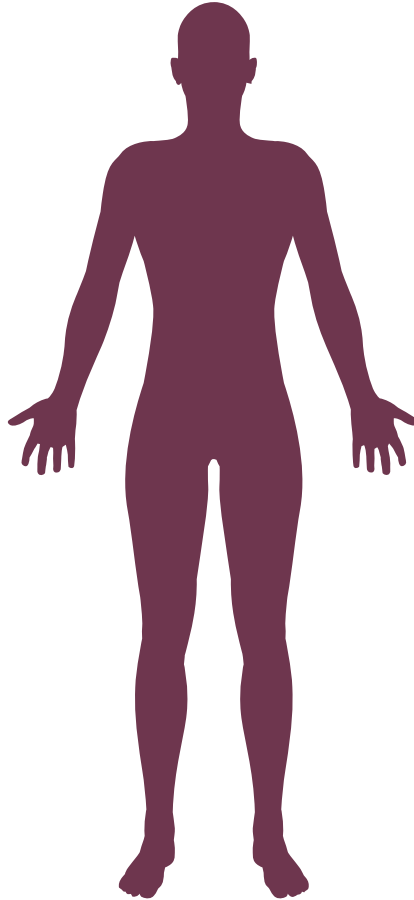
Please describe your young persons sensory profile/ areas of needs:

Auditory Sensitivity
(SOUND):

Tactile Sensitivity (TOUCH):

Gustatory Sensitivity
(TASTE) or **Olfactory Sensitivity**(SMELL)

Visual Sensitivity
(SIGHT):



Vestibular (creates the sense of balance and spatial orientation):

Proprioception (ability to sense movement, action, location):

Interoception: (Understanding our body's internal sensations):



MY MOBILITY PROFILE

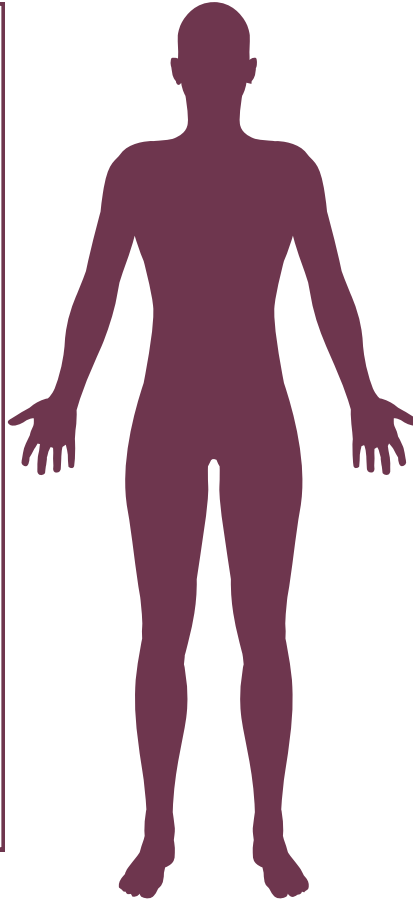
Please describe your young persons mobility needs for each area of their body:

Area of Body and Impact:

Area of Body and Impact:

Area of Body and Impact:

Area of Body and Impact:



Area of Body and Impact:

Area of Body and Impact:

Area of Body and Impact:



Please give details of everyone who is involved with you from health, education and Social Services

Name/ Organisation	Job Title/ Role	Contact Details



**Free Text Box For Any Other Information.
Please Date & Sign**

A large, empty rounded rectangular box with a dark red border, intended for providing additional information, a date, and a signature.



CONTACT US



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PlayWise Hub. Floor 1A, Sutton Central
Library, St. Nicholas Way, Sutton, SM1 1EA

PlayWise Learning CIC (Community Interest Company) provides support to parents and carers of young disabled children, and the professionals that support them, with a wide range of services. This will help reduce the impact of disability and SEND (Special Educational Needs and Disability) and support families on their journey. PlayWise offers a range of bespoke interventions for families either at home, in our community hub in central Sutton or in the child's own learning setting. PlayWise supports children aged 0-8 years.

In partnership with



South West London