Participant Support Passport

Sophia Hill

- **Preferred Name/Nickname:**
  - Sofie
- **Date of Birth/Age:**
  - 07/21/2017
- **Parent/Caregiver Name(s):**
  - Mother-Nikki Lufkin (217) 331-8138
- **Siblings:**
  - Sister-Sage Hill

Photo of Participant:

(Attach photo here)

About Me

What I Enjoy

My favorite activities:

-
-
-

Things that help me feel comfortable:

-
-
-

Special interests or favorite topics:

-
-

Communication

How I Communicate Best

I communicate by:

- ☐ Speaking verbally
- ☐ Single words/short phrases
- ☐ Full sentences
- ☐ AAC device
- ☐ Sign language
- ☐ Gestures/pointing
- ☐ Pictures/visuals
- ☐ Other: _____

Helpful communication tips:

- ☐ Give me extra processing time
- ☐ Use short/simple directions
- ☐ Show visuals/examples
- ☐ Give one direction at a time
- ☐ Let me make choices
- ☐ Avoid too many words at once

Other important communication notes:

Sensory Needs

Things That *M*ay Be Difficult For *M*e

Sensitivities:

- ☐ Loud noises
- ☐ Crowds
- ☐ Bright lights
- ☐ Certain textures
- ☐ Transitions
- ☐ Waiting
- ☐ Changes in routine
- ☐ Physical touch
- ☐ Other: _____

Signs I may be overwhelmed:

-
-
-

Things that help regulate me:

- ☐ Quiet space
- ☐ Headphones
- ☐ Movement breaks
- ☐ Deep pressure
- ☐ Fidget/sensory tools
- ☐ Preferred activity
- ☐ Water/snack
- ☐ Sitting with trusted adult
- ☐ Other: _____

Safety Information

☐ Elopement/wandering risk
☐ Limited safety awareness
☐ Aggression when overwhelmed
☐ Self-injurious behaviors
☐ Allergies
☐ Seizure history
☐ Medical equipment
☐ Difficulty with transitions
☐ Toileting support needed
☐ Other: _____

Important safety notes:

Behavior Support

What Volunteers Should Know

Common triggers:

-
-
-

Best ways to help me calm down:

-
-
-

Things that usually do NOT help:

-
-

If I become unsafe, volunteers should:

Ministry Participation

How I Participate Best

I do best in:

- ☐ Large group
- ☐ Small group
- ☐ One-on-one support
- ☐ Sensory-friendly environment
- ☐ Buddy support
- ☐ Movement-based activities
- ☐ Quiet activities

Activities I especially enjoy at church:

-
-

Activities that are challenging:

-
-

Personal Care

Assistance I May Need

☐ Bathroom reminders
☐ Bathroom assistance
☐ Feeding assistance
☐ Help opening containers
☐ Mobility assistance
☐ Medication administered by parent before service
☐ Other: _____

Additional notes:

Volunteer Quick Tips

Most Important Things To Know About Me

1.
2.
3.
4.
5.

Success Plan

What Success Looks Like For Me

Today is successful when:

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.
.

Parent/Caregiver Notes

Anything else you would like volunteers to know?

Volunteer Notes Section

Date: _____

What went well today?

Any concerns or follow-up needed?

Volunteer Name: _____

Confidentiality Reminder

This passport contains personal information intended only for ministry staff and approved volunteers directly supporting this participant. Please respect the dignity and privacy of every individual and family.