



This document is to be completed through the cooperation of the person with PWS and his/her trusted family member or caregiver. It contains sensitive and private information to be used confidentially to attain or maintain the best quality of life for the person with PWS. All of the information may not be relevant to all people with PWS, so chapters of this document can be selectively omitted.

What Describes Me?

I am most often:

I might become upset if the following happens:

You are upset with me, don't listen to what I am saying or if you are mad with me, don't like me or are afraid of me. I cannot always tell how people are feeling as soon as I walk into a room. If you don't like me I might feel it we will have a hard time working together.

I also become upset when I am confronted. Confrontation makes me very anxious and upset. I like to be offered choices. I don't like being yelled at. There are times I do things that I really don't know I did or I am so worried it will disappoint someone, that I cannot control my behavior when confronted.

I can also become upset if I find food that I am not supposed to have and someone tries to take it away or confronts me about having the food. It is best for me when you support me to prevent this from happening. If it is not going to hurt me, just let me eat it and work out the calories later.

When I become upset, this is what I look like:

Some of the things that help *me* to calm down (or comfort me) are: Compassion and understanding. Don't try and touch me when I'm upset, just give me some time to pull it together. You could also help by:

Things that make me happy are:

Things that make me sad are:

Things that scare me are:

I like to be prepared! Ways to help me prepare for scheduled events are:



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Things that help me deal with a loss (loss of family member(s), loss of staff – due to change of job or death, leaving of staff or friend) are:

Please understand I can have the same feelings as you do. I miss people that I have worked with and it makes it hard for me to trust the next person that comes in to work with me. I don't like change and I want to have meaningful relationships in my life just like you. Think about how you would feel if you lived with important people in your life that left all the time. If I lose one of my parents, I will need much support. Some people like to be hugged, but not all people with PWS like physical contact. I am someone who does/does not like to be hugged.

Some things that help me prepare for and deal with change:

Things that motivate me (help get me going):

After I've accomplished a task, or done something well: Positive feedback helps a lot, but it must be sincere. I will know if you are just going through the motions. Again, if you don't feel it, don't do it.

To let me know I've done something well, I like it when:

If I should make a mistake or fail at something, I like it if:

If I get angry or upset I like it if:

When communicating with Me

The best way for me to understand what you say is: To just talk to me and then give me the time I need (___ seconds), to process what you have said. You can ask me what you said, if you think I did not hear you. Please do not say too much in one sentence and do not talk to me like I am not intelligent, I am, but I need time to think about what you have said and reply appropriately.



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The best way for you to understand what I say is: to let me talk and you listen without interrupting me. Give me time to tell you what I need to say.

Tools that help me communicate include: Listening to what I say. If I make requests that can't be filled, please don't just say "no", tell me when or if not possible, then explain it to me in a way I will understand. I also do better with, "We will see", or "I'll have to think about it."

The way I communicate includes: Talking and body language

I wear glasses: YES NO
 I wear contact lenses: YES NO
 I wear a hearing device: YES NO

Other special equipment I use:

I remember and/or learn best by: Watching, being given time to process and repetition. Pictures also help me understand processes.

My Family Tree

The members of my family (parents, brothers, sisters, others) are:

	Name	Address	Phone	Relationship
1)				
2)				
3)				

Comment
 (If possible, attach birth and marriage certificates.)



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There is a history of certain medical conditions in my family. Specifically:

My family celebrates the following events (birthdays, holidays, anniversaries):

I would like to continue participating in the following celebrations during the year:

I would like to increase my participation in the following celebrations:

My close friends include:

Other important people in my life are:

	Name	Address	Phone	Known From
1)				
2)				
3)				



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Chapter 2 My Possessions & Interests

My possessions are very important to me.

I own the following: _____

I would be “lost” without these possessions:

Habits and/or routines I have are:

I like to do the following, on my own:

With others, I like to do the following:

When I’m at home, I like to:

When outside the home, I like to:

When I’m at home, I don’t like to:

When out in the community, I don’t like to:

When out in the community, I need help with:

Some of my favourite recreation and /or leisure activities are:



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Some recreation and/or leisure activities I don't like are:

Recreation and/or leisure activities I need assistance with:

My favourite places to visit are:

The people I like to go places with are:

Name: _____
Relationship: _____
Phone #: _____

Name: _____
Relationship: _____
Phone #: _____

Name: _____
Relationship: _____
Phone #: _____

Activities that are good for exercise that I like, include:

My daily exercise routine is:

I belong to a library: YES NO

If yes, the name and location of the library is:

I go to the following club(s):



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Food Interests

I like to eat the following foods: _____

I don't like the following foods: _____

I like to eat out occasionally at: _____

I am on a special diet: YES NO

My diet plan is attached.

Additional information regarding my diet: _____



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Chapter 3 Home

I currently live at: _____

This address is my family home / my residence

I live with: _____

I share a room: YES NO

If yes, I share my room with: _____

I have the following pets where I live/at my parent's home: _____

Comments about my current living situation: _____

People I like to visit are: _____

In the future, I would like to live: _____

Features my home should have to meet my needs, include:

Household Tasks

I am able to do the following household tasks: _____

I enjoy doing the following household tasks: _____

I will need some assistance with the following household tasks: _____

I prefer not to do the following household tasks: _____



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When it comes to food preparation and clean up, I always need someone to be with me so I can:

I need assistance with the following: _____

I would like to learn how to: _____



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Chapter 4 Current Educational / Employment Status

School

Name:
Address:
Contact Details:
Principal:
Program:

Or

Employer / Service Provider

Name:
Address:
Contact Details:
Key Person:
Program:

An Individual Plan is attached (if applicable):	YES	NO
A transition plan is attached (if applicable):	YES	NO
A Psychological Evaluation is attached (if applicable)	YES	NO
An IQ or comparable test is attached (if applicable)	YES	NO

I learn best when/by: _____

My future education/employment/day program needs include: _____

Additional information regarding my educational experience:

Typical Day

I have a job:	YES	NO
If yes: Competitive Employment:	YES	NO
Supported Employment:	YES	NO

I work _____ days per week, for _____ hours each day.



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I travel to and from work with _____ / independently.

My work involves:

I go to a day (D.T.) program: YES NO

I attend the day program _____ days per week, for _____ hours each day.

My program involves:

I am a volunteer: YES NO

I work as a volunteer _____ days per week, for _____ hours each day.

My occupation involves:

In the future, I would like the following type of employment, volunteer work and/or day program:

Past experiences with employment, volunteer work, and/or day programming that you should be aware of are:



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My diagnosis is:

Other medical conditions I have include:

Primary doctor(s) information:

Doctor's Name: Specialty:
Address:
Phone: Email:

My past experience with this doctor can be described as:

Doctor's Name: Specialty:
Address:
Phone: Email:

My past experience with this doctor can be described as:

Doctor's Name: Specialty:
Address:
Phone: Email:

My past experience with this doctor can be described as:

Doctor's Name: Specialty:
Address:
Phone: Email:

My past experience with this doctor can be described as:

Dentist information:



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Name: _____

Address:

Phone:

Email:

My past experience with this doctor can be described as:

Other health care service providers I see (have seen) include:

Name:

Address:

Phone:

Email:

My past experience with this care provider can be described as:

The medications I currently take are:

<u>Medication</u>	<u>Dose</u>	<u>Number</u>	<u>Time Taken</u>	<u>Prescribed for</u>	<u>Prescribed by</u>
1)					
2)					
3)					

Medications I need to avoid and why:

<u>Medication Name</u>	<u>Reason for Avoiding</u>	<u>Prescribing Doctor</u>
1)		
2)		

The pharmacy I prefer using is:

My known allergies include:



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Chapter 6 Personal Care

Height: Weight: Clothing Size(top): Clothing Size (bottom): Shoe Size:

The history of my weight is: _____

I appreciate being assisted with the following personal care needs:

I can independently do the following personal care tasks:

It helps if someone reminds me to do the following personal care tasks:

I am used to using the following personal care items:

Typically, my personal care routine includes: _____

My favorite clothes to wear (including hats, shoes, etc.,) include:



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I receive support from the following organisation(s):

Organisation's Address

Organisation's Phone Number

- 1)
- 2)

My key support person is: _____

I have a 3rd Party Special Needs Trust: YES NO

My Trustee is:

Trustee's Address:

Trustee's Phone Number:

I have a personal Special Needs Trust: YES NO

Trustee's name:

Trustee's Address:

Trustee's Phone Number:

My attorney whom you may contact regarding my Special Needs Trust is:

Attorney's Address: Attorney's Phone Number:

I am my OWN guardian: YES NO

My Guardian is (guardianship papers should be attached): _____

Guardian's Address

Guardian's Phone Number

Type of Guardianship:	Person	Estate
	Limited	Plenary (Full)

If Limited, please explain what limited to

County of guardianship: _____

(Remember to attach a copy of the Court Order AND a copy of the most recent Annual Report)



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My Successor Guardian(s) is/are:

Successor Guardian's Address:

Phone Number:

My Agent for my Power of Attorney for Property is: _____

Agent's Address:

Agent's Phone Number:

My Successor Agent for my Power of Attorney for Property is:

Agents' Name:

Agent's Address:

Agent's Phone Number:

My Agent for my Power of Attorney for Health Care is:

Agent's Name:

Agent's Address:

Agent's Phone Number:

My Successor Agent for my Power of Attorney for Health Care is: _____

Agent's Address:

Agent's Phone Number:

(Remember to attach a copy of both the Power of Attorney for Property and the Power of Attorney for Health Care.)

I have a Living Will: YES NO

If yes, you can find the original at: _____

(Remember to attach a copy of the Living Will.)

I have a Will: YES NO

If yes, you can find the original at: _____

(Remember to attach a copy of the Will.)

I have made the following funeral arrangements (burial, cemetery plot, cremation, financial plan, type of service) and/or I have the following preferences:

Chapter 9 Some Final Thoughts



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One thing I would like you to know about me is: _____

Things my parents/guardians would like you to know:

Some of my future hopes and dreams include the following:

Some of my parents'/guardians' hopes & dreams for me include the following:

This document is an adaptation of the Life Plan created by Kate Beaver (USA). It has been modified, with her permission, by the Famcare Committee for Famcare (IPWSO).



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(if applicable)



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Chapter 10 Religion/Spiritual

I belong to the _____ faith.

I worship/pray at:

Contact Information for the above:

Name	Address	Phone Number
------	---------	--------------

Name	Address	Phone Number
------	---------	--------------

I participate by: _____

My friends from my place of worship include:

Name	Sex	Contact Details
------	-----	-----------------

1)

2)



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