

**Special People, Special Planning
Special Letter of Instruction**

Prepared For: (Insert Name of Special Person)

Prepared With Love By: (Insert Your Name)

Date Prepared:

Signature:

Personal and Family Information

Special Person:

Full Name Date of Birth

Home Address

City State Zip

Phone Fax

Email Address

Social Security #

Medical Claim # Health Insurance Claim #

Parents:

Mother's Name Mother's Date of Birth

Mother's Address

City State Zip

Mother's Phone Fax

Mother's Email Address

Father's Name

Father's Date of Birth

Father's Address

City

State

Zip

Father's Phone

Fax

Father's Email Address

Siblings:

Name

Date of Birth

Address

City

State

Zip

Phone

Fax

Email Address

Relationship with Special Person

Name Date of Birth

Address

City State Zip

Phone Fax

Email Address

Relationship with Special Person

Name Date of Birth

Address

City State Zip

Phone Fax

Email Address

Relationship with Special Person

Name Date of Birth

Address

City State Zip

Phone Fax

Email Address

Relationship with Special Person

Name Date of Birth

Address

City State Zip

Phone Fax

Email Address

Relationship with Special Person

Helpers:

Guardian's Name Guardian's Date of Birth

Guardian's Address

City State Zip

Guardian's Phone Fax

Guardian's Email Address

Care Givers:

Care Giver's Name Care Giver's Date of Birth

Care Giver's Address

City State Zip

Care Giver's Phone Fax

Care Giver's Email Address

Medical Information

Physicians:

Name

Address

City

State

Zip

Phone

Fax

Email Address

Specialty/Approximate Frequency of Visits/ Notes

Name

Address

City

State

Zip

Phone

Fax

Email Address

Specialty/Approximate Frequency of Visits/ Notes

In the Event of a Medical Emergency:

Contact Immediately: _____

General Information: _____

Medications: _____

Allergies: _____

Location of Medical Records: _____

Support Contacts

Advocacy Organizations:

Organization Name

Person to Contact

Address

Phone

Fax

Email Address

Services Provided

Organization Name

Person to Contact

Address

Phone

Fax

Email Address

Services Provided

Government Assistance:

Department of Mental Health, Department of Children and Families, etc.

Organization Name

Person to Contact

Address

Phone

Fax

Email Address

Services Provided

Organization Name

Person to Contact

Address

Phone

Fax

Email Address

Services Provided

Other important people who could provide advice and understand the principles we feel are important:

Name

Address

City State Zip

Phone Fax

Email Address

Explanation

Name

Address

City State Zip

Phone Fax

Email Address

Explanation

Educational Support:

Name

Address

City

State

Zip

Phone

Fax

Email Address

Why Important

Name

Address

City

State

Zip

Phone

Fax

Email Address

Why Important

Personality Traits

General description regarding what living with our special person is like

Basic Characteristics & Personality Traits

Abilities & Skills

Hobbies & Interests

General Strengths

Physical Abilities:
Communication Skills

Physical Mobility

Hearing Ability

Seeing Ability

Personal Information and Preferences:

Sizes (Clothes, Shoes, etc.)

Pants/Shorts _____ Shirt/Blouse _____ Skirt/Dress _____

Shoes _____ Coat _____ Hat _____ Gloves _____ Underwear _____

Other _____

Favorite Type of Clothes

Favorite Setting/Environment (Rural/City, Large/Small Home)

Favorite Places (Places to go. People to visit, things to do)

Preferred Entertainment

Recreational Preferences

Favorite Colors and Patterns

Personal Habits & Hygiene:
General Comments

How much assistance is required?

1= Requires maximum assistance 2= Requires some assistance

3= Requires minimal assistance 4= Requires no assistance

Eating_____ Shaving_____ Bathing_____

Dental Care_____ Dressing_____

Toileting_____ Personal Care_____

Communicating_____ Other_____

Food Preferences (likes and dislikes)

Eating Habits

Sleeping Habits

Behavior (likes and dislikes)

Cleanliness and Neatness

General Statement of Desires

Create a vision of what you would like life to be like for your special person:

Identify the strengths that will enable your special person to reach these goals:

Identify the areas that need further development to enable your special person to achieve these goals:

Identify the people you see playing major roles in helping your special person achieve these goals:

The following will explain inappropriate behaviors we may experience with our child and techniques we use to handle these situations:
