**Two Minute Story:**

*Things you need to know about my child*…

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| Name | Age: | Siblings: |
| Interests: |  | |
| Challenges: |  | |
| What they need the most: |  | |
| What helps the most: |  | |
| What my Child DISLIKES: |  | |
| Diagnosis: |  | |
| Other: | For instance:  What doesn’t help!  What you’ve tried already. | |