**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. |