**When I’m feeling upset I need you to.....** (eg talk to me quietly, not make physical contact, let me
sit by myself)

**Triggers (things that might upset me)** - (eg loud noises, personal space, people getting my name wrong)

**What I would like to get out of being part of Studio Reboot**



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**Anything else you feel it would be useful for us to know**

**Activities I enjoy -** (eg music, games, sport, dance, singing)

We want to hear from the young person about their likes and dislikes. Information can be given by a parent/carer if the young person is non-verbal

Name: Date:

**Studio Reboot -
Support Plan**

to be attached to the referral form

