

**“MY LIFE” Portfolio:
Individualized Information Packet**

“My Life” Portfolio
Workbook

Michelle Smith

“MY LIFE” Portfolio: Individualized Information Packet

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				Self	Parent	Staff
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“MY LIFE” Portfolio:
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Cover Page: Word Cloud

MY LIFE STORY

THE PEOPLE IN MY LIFE

CHOICES I MAKE

MY LIKES AND DISLIKES (MY FAVORITE THINGS)

HOW I INTERACT WITH OTHERS

HOW I COMMUNICATE

NAME

PLACES I GO

MY GREATEST CHALLENGES

WHAT WORKS AND DOESN'T WORK

MY STRENGTHS, GIFTS AND TALENTS

MY HEALTH AND WELLNESS

OTHER

Where have I been? What is a nightmare? What is a dream? What do I need? Etc

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Confidentiality Notice

This portfolio belongs to

Nickname: _____

**THE INFORMATION IS CONFIDENTIAL.
INFORMATION IS ONLY TO BE REVIEWED
WITH MY PERMISSION.**

Individuals allowed access to my personal information:

1. _____
2. _____
3. _____
4. _____
5. _____

If lost or stolen, please contact:

Name: _____ **Phone:** _____

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Emergency Contact Numbers:

Type info into document. What is an emergency? Program into phone and how to use. There is always someone to call for assistance.

Call 911 *Use clipart/words, etc., to demonstrate when to call 911.*

	Name	Relationship	Phone Number
1.		Mom	
2.		Dad	
3.		sibling	
4.			
5.			
6.			

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Agency Intake Form(s): Recognize that there are important documents with important information. Review what is in the document.

IEP

IPP/ISP

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Medical Information

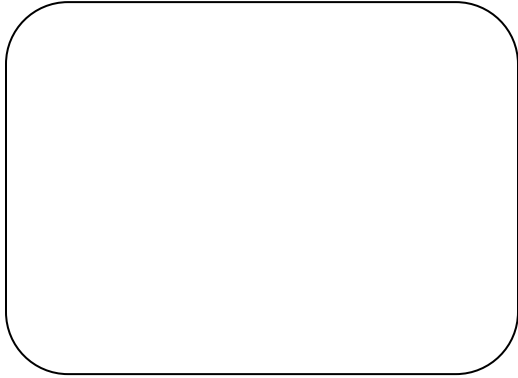
	Ongoing Health Issues: seizures, diabetes, asthma etc
1.	
2.	
3.	
4.	
5.	

	Allergies
1.	
2.	
3.	
4.	
5.	

Surgeries	Date

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Participant Preferences



LIKES	DISLIKES

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Goals as per participant:

Make a goal list using words, clipart, pictures. Should be in communication style of client.

Short Term Goals

1.	
2.	
3.	
4.	
5.	

Long Term Goals

1.	
2.	
3.	
4.	
5.	

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Daily Routine

Time	What	Where
6:00am		
8:00		
9:00		
11:00		
12:00		
12:30		
2:00		
4:00		
6:00pm		
8:00		
10:00		

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Routine Appointments: Weekly, Monthly, Yearly

May keep program schedule here for the whole month.

	What/Where	When	Time
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			

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Important Dates to Remember

Person	Date	Occasion

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Circle of Support Participants:

Begin to gather those people with a picture who will help in various aspects of life in community.

	Name/Relationship	
	Address	
	Phone Number	
	Assist With	

	Name/Relationship	
	Address	
	Phone Number	
	Assist With	

	Name/Relationship	
	Address	
	Phone Number	
	Assist With	

	Name/Relationship	
	Address	
	Phone Number	
	Assist With	

	Name/Relationship	
	Address	
	Phone Number	
	Assist With	

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References:

Begin a reference list for contact information.

Name: _____ Phone: _____

Address: _____

How do you know them? _____

How long? _____

Name: _____ Phone: _____

Address: _____

How do you know them? _____

How long? _____

Name: _____ Phone: _____

Address: _____

How do you know them? _____

How long? _____

Name: _____ Phone: _____

Address: _____

How do you know them? _____

How long? _____

Name: _____ Phone: _____

Address: _____

How do you know them? _____

How long? _____

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History:

Enter photos of significant events in participant’s life. Include at least one baby picture with birth date. Nickname. May include medical, educational and, social milestones.

NO goals.

School: year graduated

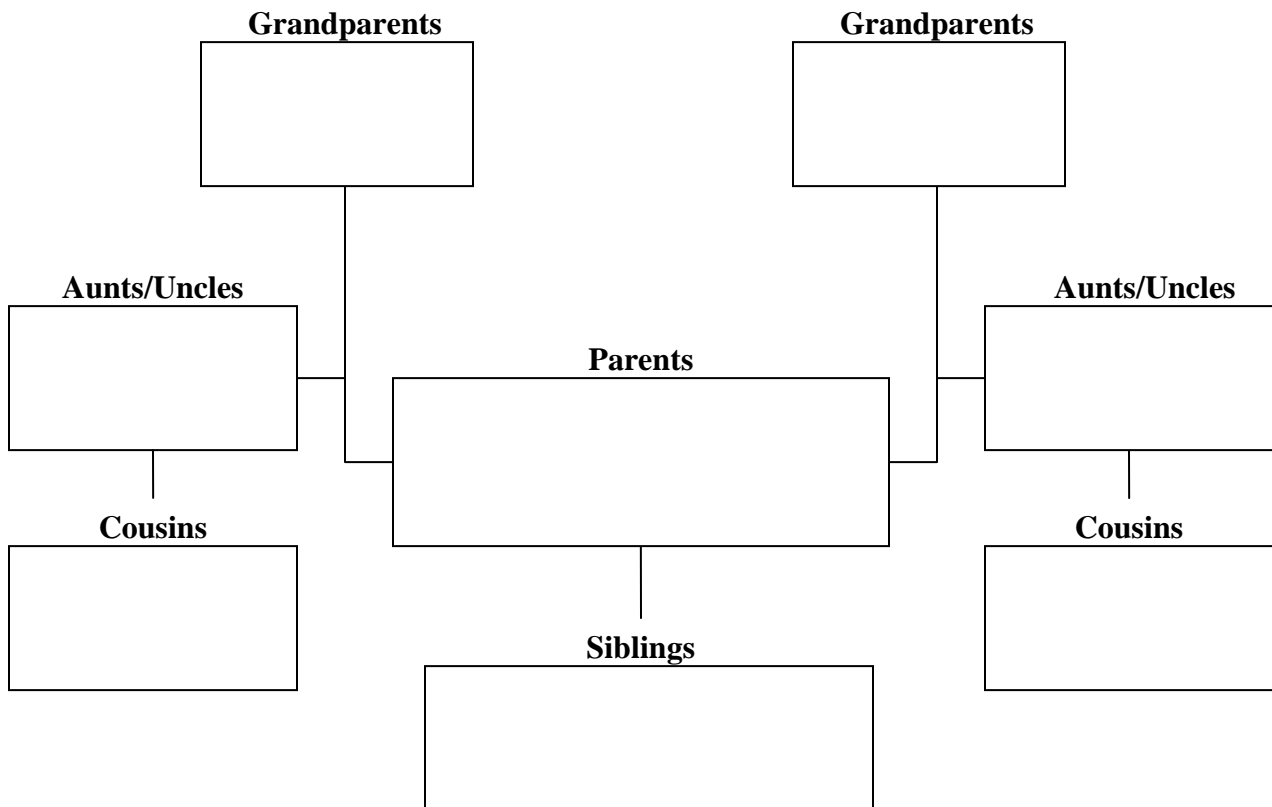
Activities: past

Special Events with Photos

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Family:

Use of family tree graphic organizer and how to fill in a family tree with words or pictures. How important is family to help you live in community? Include other significant people who may serve as surrogate family.



***Each participant will draw out their own family tree on a separate sheet.**

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Family Pictures:

Insert pictures of family members from family tree on previous page.

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Places:


Current photo/video clip of home, work, etc. Where do you want to live in the future? Have them draw diagram of home and/or room. Travel training to home to take current photo or video clip, narrating tour.

Where do you want to live? And with who?

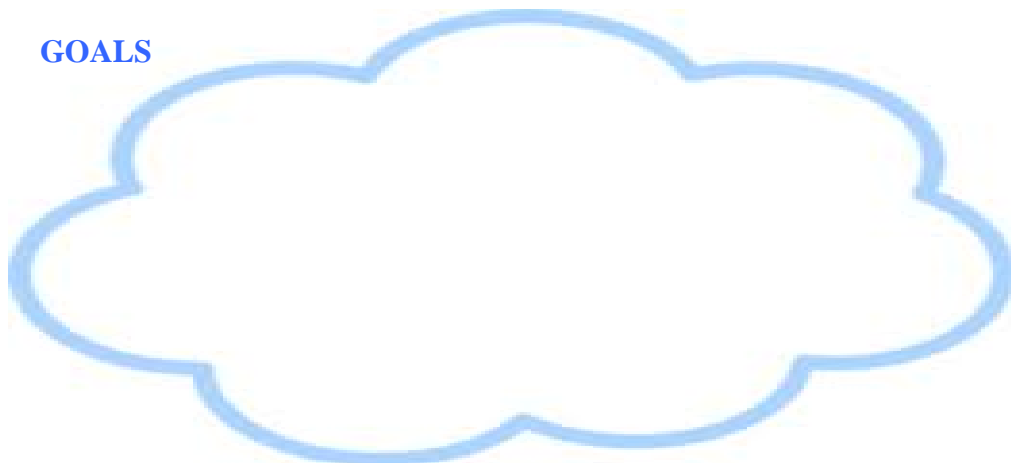
PAST



PRESENT



GOALS



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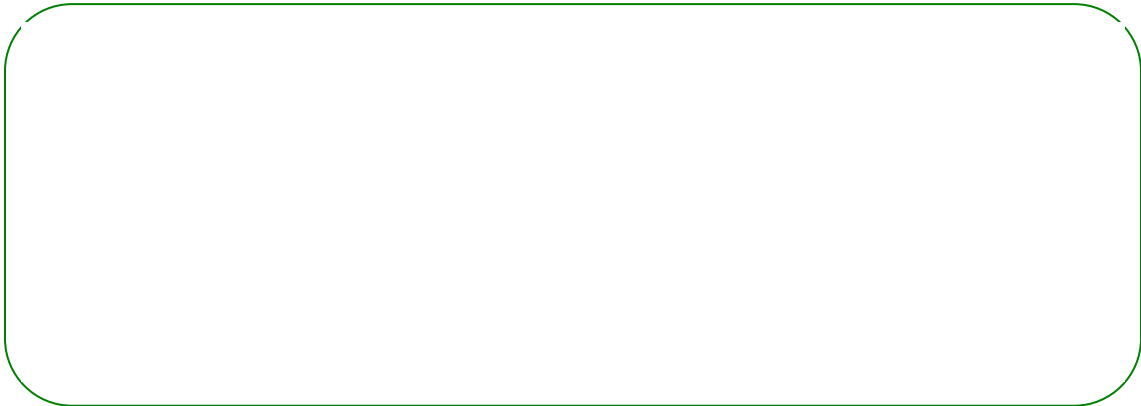
Religious Activities:

Current place of worship (if any) and activities. Take a photo

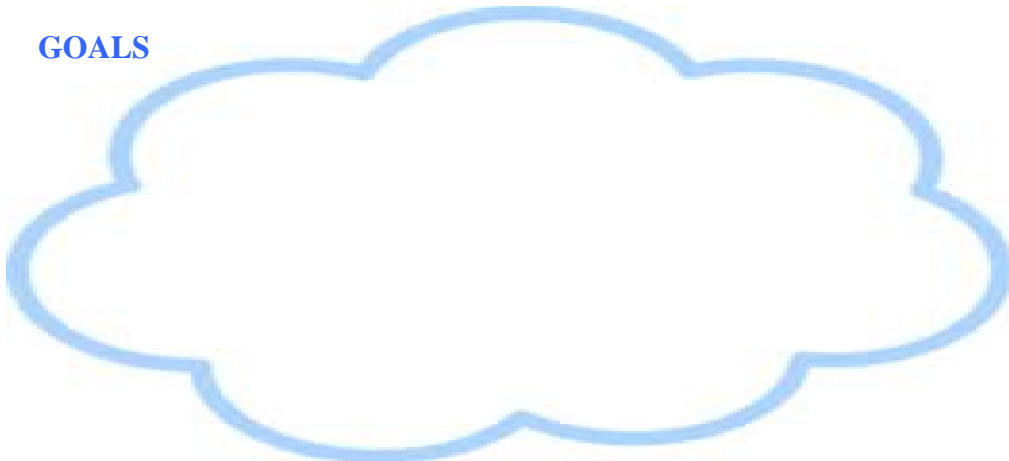
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GOALS



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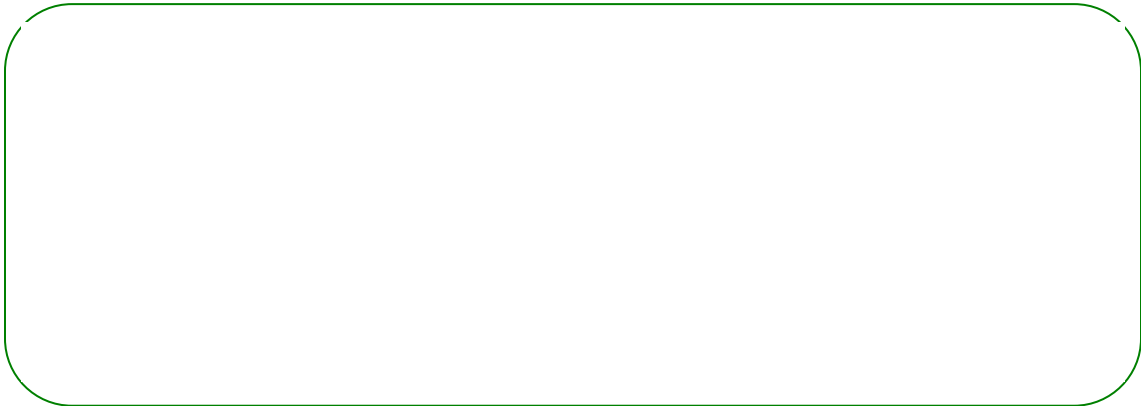
Friends and Fun:

Who and Where?

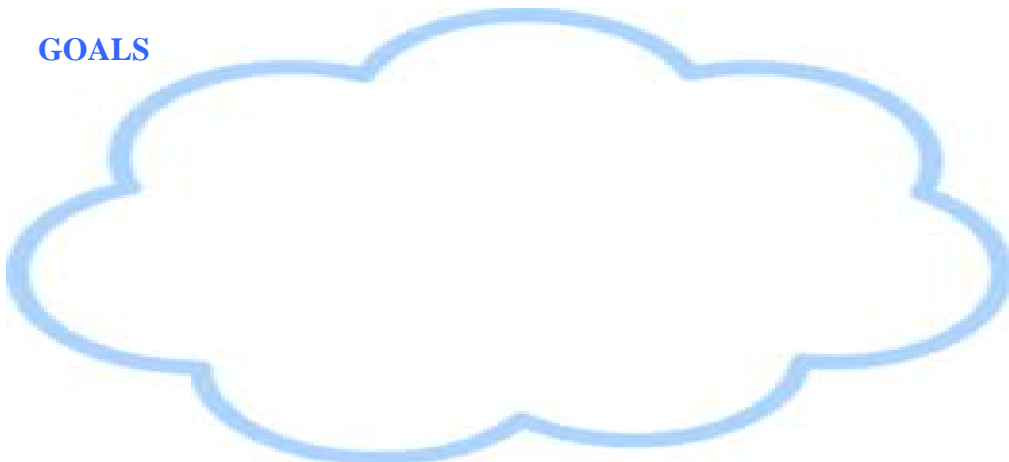
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GOALS



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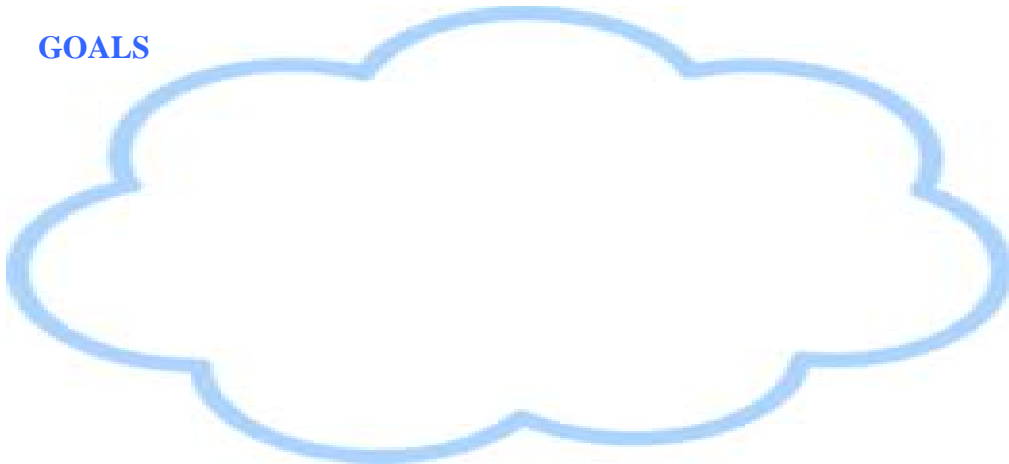
Relationships:

*Who is important in participant's life? Would you like a special friend, marriage? What do you need to do to be in a relationship? What type of person appeals to you?
Developing ideas about general relationships to more specific.*

PRESENT



GOALS



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Technology and Gadgets

 <p>Cell phone</p> <p>Brand:</p> <p>Yes No</p>	 <p>Camera/ Video</p> <p>Yes No</p>	 <p>Computer</p> <p>Yes No</p>
 <p>Laptop</p> <p>Yes No</p>	 <p>Tablet</p> <p>IPAD Kindle Nook Other</p>	<p>Favorite Apps</p> <p>1. 2. 3. 4. 5.</p>
 <p>Game Station</p> <p>Brand:</p> <p>Yes No</p>	<p>Favorite Games</p> <p>1. 2. 3. 4. 5.</p>	 <p>Music</p> <p>Type:</p> <p>Yes No</p>
<p>Favorite Music</p> <p>1. 2. 3. 4. 5.</p>	 <p>Do You</p> <p>Text Email Use the Internet Create PowerPoint Docs Video Presentations</p>	<p>Additional Information</p>

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Community:

What and Where? May travel to take pictures of important places, in front of building of current program. Important teachers, coaches etc.

Agencies: use logos so participants are able to recognize the agencies that are involved in planning: CVRC, SSI, The Arc, School, etc.

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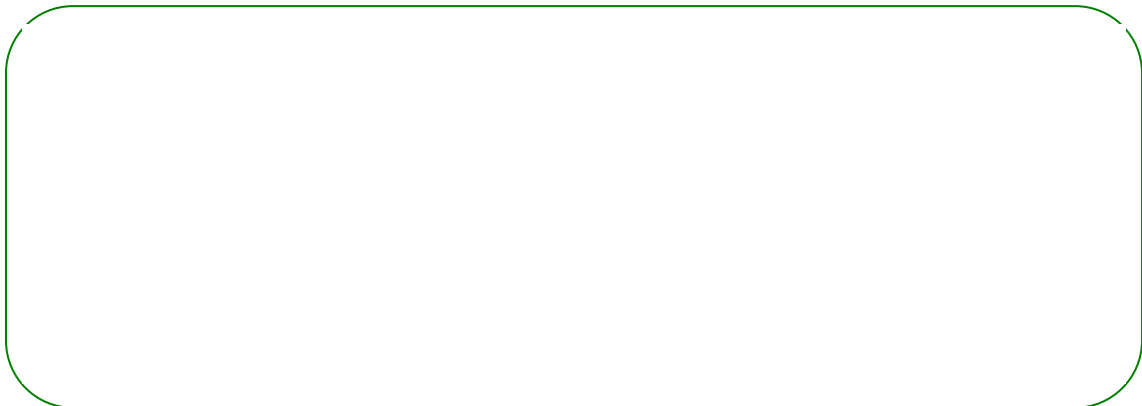
Community Service:

Volunteerism and Agencies

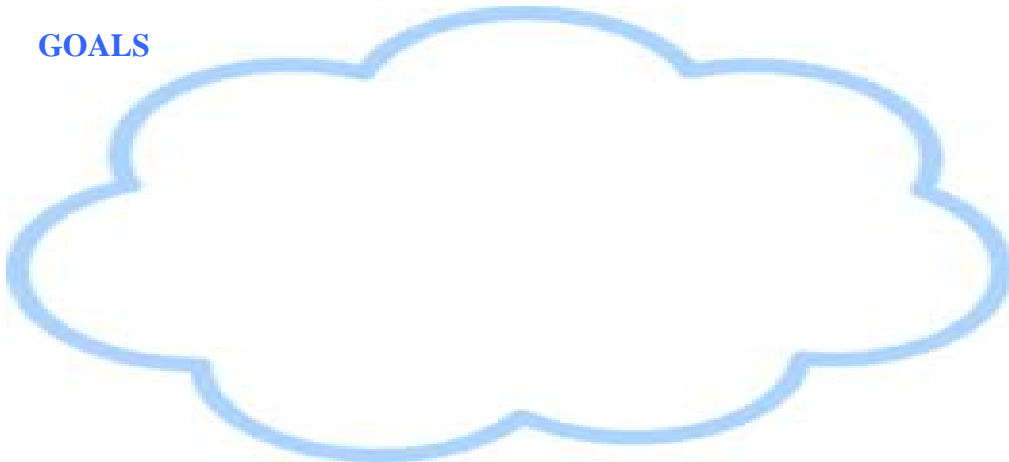
PAST



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GOALS



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Education:

Where have they been and where are they now? Include copies of school diploma or certification. Transition: Work, Community College, University, Community Training Homes.

PAST

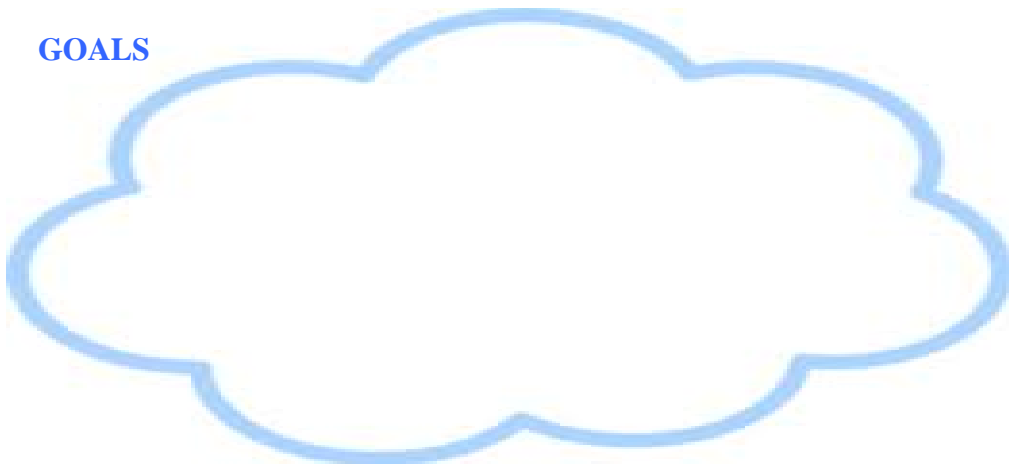
**High School
Year Graduated**

College/ATP

Special Recognition

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GOALS



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Diploma/School Certificate Copy

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Government: Self Determination

Learn how to make copies of SS#, voter registration, CA ID, birth certificate, etc. These are important documents that are confidential and must be kept safe. Talk about ID theft. Visit to government office: police, mayor, court etc.

CA ID

SS#

Voter registration

Birth Certificate

Medical Insurance Card

MediCal Card

Immunization Records

Passport front page

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Important Document Copies

Where are the originals?

	CA ID
	SS#
	Voter Registration
	Birth Certificate
	Medical Insurance Card
	MediCal Card
	Immunization Records
	Passport Front Page
	School Transcripts

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**Conservatorship/Durable Power of Attorney
(copy)**

Lawyer Name: _____ Phone #: _____

Address: _____

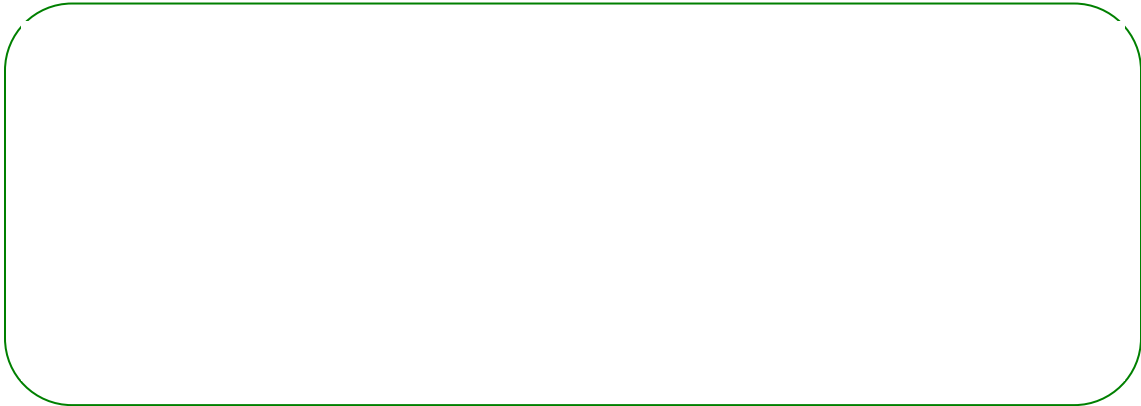
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Vocation: Employment

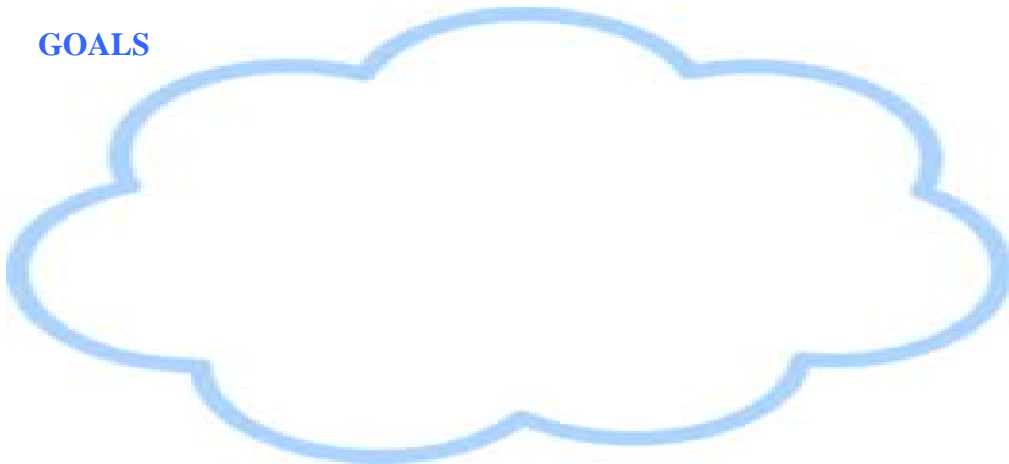
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GOALS



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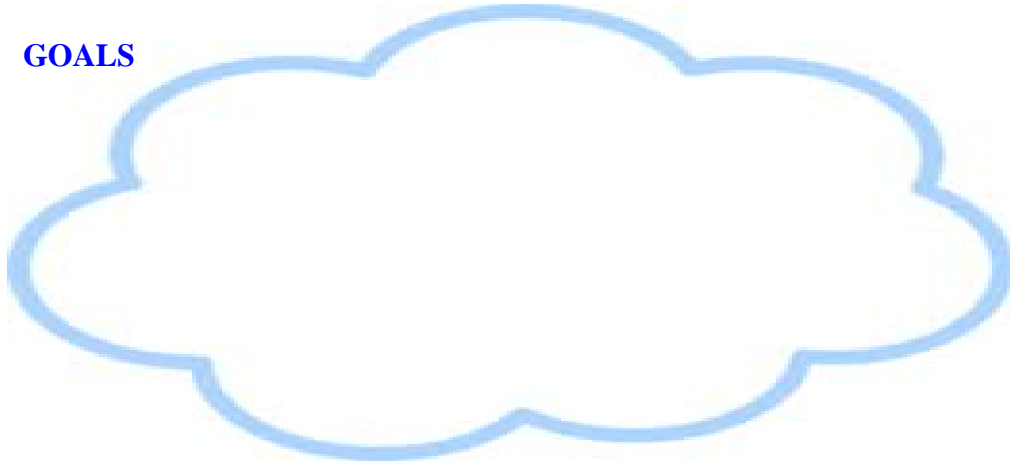
RESUME

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Money Matters

Bank:							
Address:							
Checking		Savings		ATM		Charge Card	
Where are records kept?							
Account Numbers/PIN #							
Current Income (Social Security)							
Other							

GOALS



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Budget Worksheet

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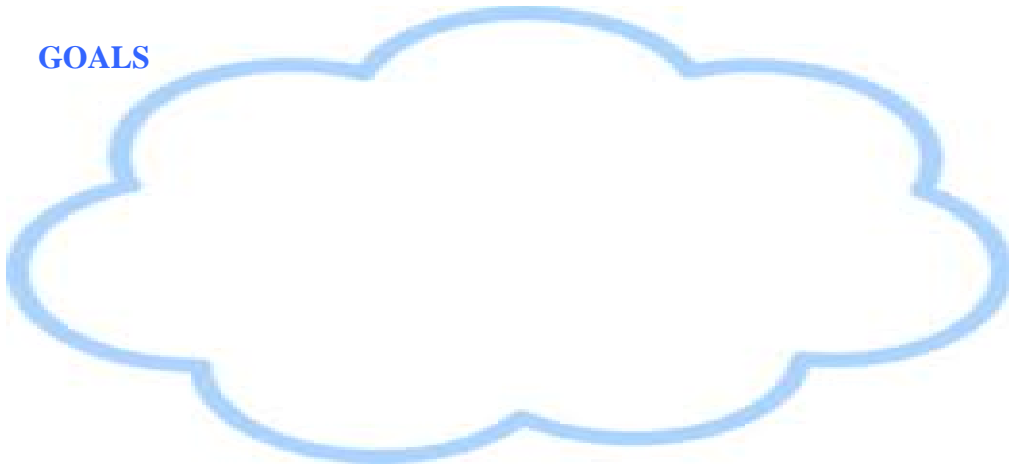
Transportation:

Who moves participant from place to place (and how).

PRESENT



GOALS



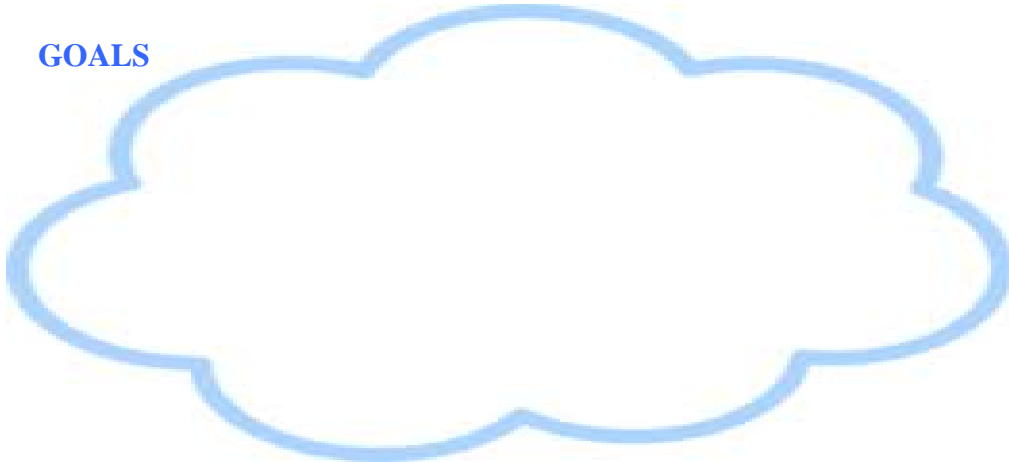
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Independent Living Skills

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Current Healthcare Providers

Name	Address	Phone #	Purpose
Pharmacy			
Insurance Information			

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Medication Charts (ongoing)

Name: _____

DOB: _____

Weight: _____

Medication	Color Code/ Picture	Purpose	How much?	AM	After noon	PM	Doctor	Phone #

Medication Chart (temporary)

Medication	Color Code/ Picture	Purpose	How much?	When?	Date Completed	Doctor	Phone #

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Body Workout/Sports:

Begin to monitor weight and discuss why staying healthy is important.

Weight: _____

BMI: _____

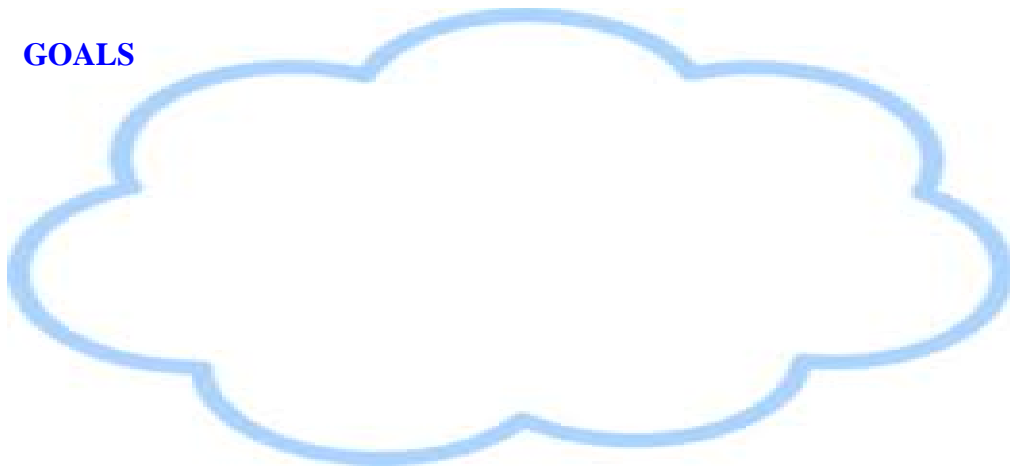
Date	Weight/BMI

Date	Weight/BMI

Date	Weight/BMI

Current interests

GOALS



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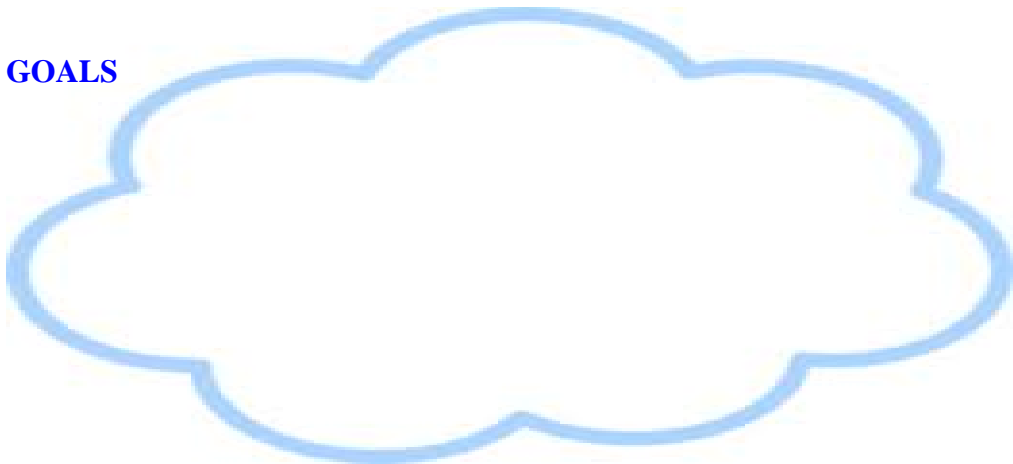
Pets

PRESENT



Pets Name _____

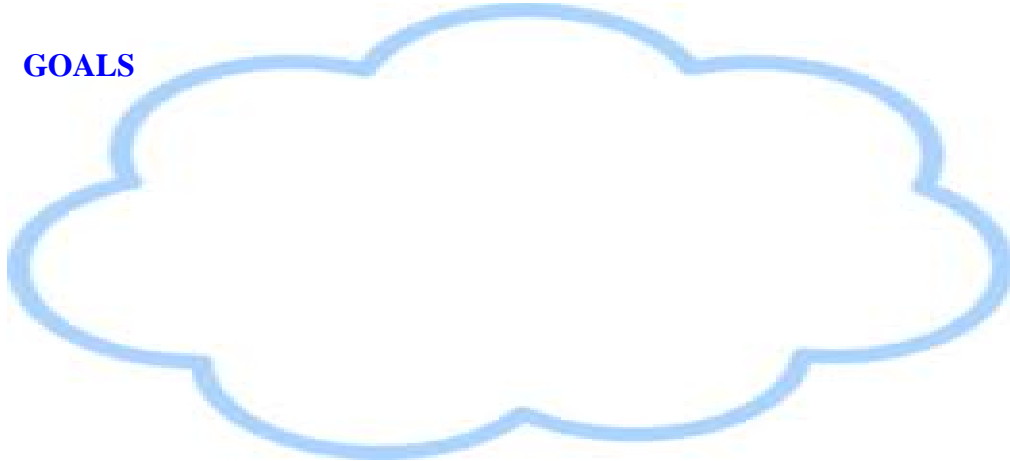
GOALS



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Vacation Plans

GOALS

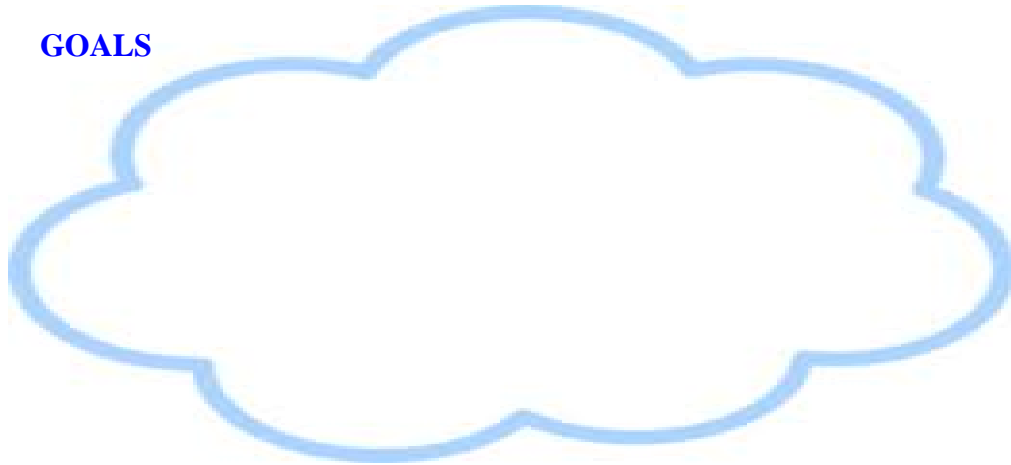


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Lifelong Learning

Interests

GOALS



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Short Narrative

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There are excellent Transition Questionnaires from a variety of sources. Explore what resources give the most information for the project you might develop. I have used the questionnaires from the book:

FULL LIFE AHEAD

By: Judy Barclay and Jan Cobb

2001

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Participant Transition Questionnaire

Personal Interviews with Each Participant

Name: _____ Date: _____

Interviewer: _____

Parent Transition Questionnaire

Personal Interviews with Parent

Name: _____ Date: _____

Participant Name: _____

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Goals: *understand privacy, confidentiality, tangible boundary*

Confidential

Private

Do Not Enter or Disturb

*Unless permission is granted from
owner!*

Name: _____

Those authorized to look at information include:

1. _____
2. _____
3. _____
4. _____
5. _____