



## Regional Autistic Engagement Network (RAEN)

### ADULT PERSONAL PROFILE

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Pronouns: \_\_\_\_\_

Support Person Name (if needed): \_\_\_\_\_

Please contact me via (circle):

Email | Phone call | Text | Support Person

Contact details: \_\_\_\_\_

Additional Contact Notes: \_\_\_\_\_

### ABOUT ME

**Three facts about me are:**

- 1.
- 2.
- 3.

**My safe foods are:**

- 1.
- 2.
- 3.

**I use the following key assistive tools/techniques:**

(consider headphones, mobility aids, fidgets, lists)

- 1.
- 2.
- 3.

### COMMUNICATION

**The primary way I communicate is:**

(circle all that apply)

Text to Voice | Written | Verbal | Sign |

Body Language | Communication Cards

Other: \_\_\_\_\_

**Additional notes on communication:**

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### MORE ABOUT ME

**Please share any additional information about yourself, your autistic profile or how you wish to be accommodated:** \_\_\_\_\_

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### REGULATION

**Regulated Me looks like:**

(what movement, stims, behaviour is normal for you and shows you are regulated?)

- 1.
- 2.
- 3.
- 4.
- 5.

**I can regulate by:**

(consider regulating activities, movement, TV shows/movies, sensory spaces and fidgets)

- 1.
- 2.
- 3.
- 4.
- 5.

### MELTDOWN PLAN

**Signs I am approaching meltdown or shutdown:**

- 1.
- 2.
- 3.
- 4.
- 5.

**Please help by:**

- 1.
- 2.
- 3.
- 4.
- 5.

**My emergency contact is:** \_\_\_\_\_

**Their Phone number is:** \_\_\_\_\_

**Only Contact them if:** \_\_\_\_\_

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