Free tools for parents

36 sheets from Bloom Autism Support. Each one is also its own page at bloomautismsupport.com/freetools. Free to print and share. Please don't sell it.

Practice sheets show their first page here. Every page, in one PDF: bloomautismsupport.com/go/pack-practice

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IEP Meeting Notes

Write it down while it is fresh. Bring it to the next meeting.

DATE _____ **MEETING TYPE** _____

WHO WAS THERE

Name	Role

MY TOP 3 QUESTIONS

1. _____

Answer: _____

2. _____

Answer: _____

3. _____

Answer: _____

WHAT THEY SAID ABOUT PROGRESS

_____

_____

WHAT WE AGREED

Services _____

Goals _____

Changes _____

WHO DOES WHAT, BY WHEN

Who	What	By when

NEXT MEETING DATE _____

NOTES

_____

_____

_____

_____

Add this to your child's Bloom Autism Support: snap a photo and send it to your child's Bloom Autism Support email address.

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First-Then Board

Write, draw or tape a picture in each box.

First

Then

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Now / Next / Later

Two strips. Cut along the dashed line.

Now

Next

Later

cut here

Now

Next

Later

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FROM SCHOOL

Home-School Daily Note

DATE _____

TODAY I WAS

○ Great ○ Good ○ OK ○ Hard ○ Very hard

ATE

○ All ○ Some ○ Little

BATHROOM

○ Went ○ Tried ○ Accident

WHAT WE DID

☐ Work ☐ Play ☐ Therapy ☐ Outside ☐ Specials

TODAY'S WIN

NOTE FROM SCHOOL

fold or cut here

FROM HOME

Home-School Daily Note

DATE _____

SLEPT

○ Well ○ OK ○ Poorly

THIS MORNING

SOMETHING TO KNOW TODAY

NOTE FROM HOME

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What Happened Log

Write it down soon after. One row each time.

CHILD

WEEK OF

WHEN day and time	**WHERE**	**BEFORE** what was going on	**WHAT MY CHILD DID**	**AFTER** what happened right after

WHAT I NOTICE

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Why Does This Happen?

Questions to think through one hard behavior. There are no right answers.

CHILD _____ **DATE** _____

1. What does it look like? Describe it in plain words.

_____

_____

2. When does it happen most? Tick all that fit.

- ☐ Mornings
- ☐ Asked to do something hard
- ☐ Busy or loud places
- ☐ When I am busy with something else
- ☐ Stopping something fun
- ☐ Told no or asked to wait
- ☐ Tired, hungry or not feeling well
- ☐ Alone with nothing to do

3. What usually happens just before?

_____

_____

4. What usually happens right after? Tick all that fit.

- ☐ Someone comes over or talks to my child
- ☐ My child gets out of doing something
- ☐ My child gets something they wanted (a toy, a snack, a screen)
- ☐ It seems to feel good or calm my child down

Something else: _____

5. When does it almost never happen?

_____

_____

6. What helps, even a little?

_____

7. What would you like your child to do instead?

_____

8. Questions for my child's BCBA or team

_____

_____

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Parent Input Statement

What I want the IEP team to know about my child, in my own words.

CHILD

MEETING AND DATE

1. About my child: who they are, what they love

2. Strengths: what my child is good at

3. What is going well this year

4. What I see at home that school may not see

5. My worries right now

6. What helps my child learn and stay calm

7. What I hope for this year

8. Questions I want answered at this meeting

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Daily Log

Sleep, food and toilet. One week on one page.

CHILD _____

WEEK OF _____

	SLEEP			FOOD				TOILET
	Went to bed	Woke up	The night	Breakfast	Lunch	Dinner	Snacks, drinks	Bathroom
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								

Notes for the week _____

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Sensory Diet Kit

Tick a few to try. Plan them with your child's OT. Stop anything your child doesn't like.

Check with your child's OT before starting.

CHILD _____

MOVING

- ☐ Jumping
- ☐ Swinging
- ☐ Dancing
- ☐ Riding a bike or scooter
- ☐ Climbing at the park

Other: _____

MOUTH

- ☐ A crunchy snack
- ☐ A chewy snack
- ☐ Drinking through a straw
- ☐ Blowing bubbles
- ☐ Humming or singing

Other: _____

HEAVY WORK: PUSH, PULL, CARRY

- ☐ Carrying the laundry basket
- ☐ Pushing a cart or a stroller
- ☐ Wall push-ups
- ☐ Animal walks (bear, crab)
- ☐ Tug of war with a towel

Other: _____

CALMING

- ☐ A quiet corner
- ☐ Dim lights
- ☐ Soft music or headphones
- ☐ Slow breaths (smell the flower, blow the candle)
- ☐ Looking at a book or a favorite toy

Other: _____

SQUEEZE AND PRESSURE

- ☐ A firm hug, if my child likes it
- ☐ Rolled up in a blanket
- ☐ Pillows to squeeze or lie under
- ☐ Squeezing play dough or a ball
- ☐ Brushing hair or a back rub

Other: _____

SIGNS MY CHILD NEEDS A BREAK

_____

_____

_____

NOTES FROM MY CHILD'S OT

_____

_____

_____

_____

Add this to your child's Bloom Autism Support: snap a photo and send it to your child's Bloom Autism Support email address.

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Daily plan

When in the day, what to do, and for how long.

	What to do	How long
Waking up		
Before school		
After school		
Before homework		
At dinner		
Before bed		

Did it help?

Write what your child was like before and after.

DAY	ACTIVITY	BEFORE	AFTER

WHAT I NOTICE

Add this to your child's Bloom Autism Support: snap a photo and send it to your child's Bloom Autism Support email address.

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Count and Time Tally

How often it happens, and how long it lasts.

CHILD _____ **WEEK OF** _____

WHAT I'M COUNTING _____

How many times

Make a mark each time it happens.

	MORNING	AFTERNOON	EVENING	TOTAL
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

How long it lasted

Write when it started and stopped, then the minutes.

DAY	STARTED	STOPPED	MINUTES	WHAT HELPED IT END

WHAT I NOTICE _____

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Time-of-Day Chart

Tick the box for each hour it happened. Leave it blank if it did not.

CHILD

WEEK OF

WHAT I'M WATCHING FOR

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
6 am	☐	☐	☐	☐	☐	☐	☐
7 am	☐	☐	☐	☐	☐	☐	☐
8 am	☐	☐	☐	☐	☐	☐	☐
9 am	☐	☐	☐	☐	☐	☐	☐
10 am	☐	☐	☐	☐	☐	☐	☐
11 am	☐	☐	☐	☐	☐	☐	☐
12 pm	☐	☐	☐	☐	☐	☐	☐
1 pm	☐	☐	☐	☐	☐	☐	☐
2 pm	☐	☐	☐	☐	☐	☐	☐
3 pm	☐	☐	☐	☐	☐	☐	☐
4 pm	☐	☐	☐	☐	☐	☐	☐
5 pm	☐	☐	☐	☐	☐	☐	☐
6 pm	☐	☐	☐	☐	☐	☐	☐
7 pm	☐	☐	☐	☐	☐	☐	☐
8 pm	☐	☐	☐	☐	☐	☐	☐
9 pm	☐	☐	☐	☐	☐	☐	☐

THE BUSIEST TIMES

WHAT I NOTICE

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What Motivates My Child

What your child loves right now. Use it as the "then", or just to connect.

CHILD _____ **DATE** _____

FOODS AND DRINKS

TOYS AND THINGS TO HOLD

SHOWS, GAMES AND MUSIC

PEOPLE: WHAT MY CHILD LIKES FROM OTHERS

MOVING AND PLACES

THINGS TO DO ALONE

TOP 3 RIGHT NOW

1. _____ **2.** _____ **3.** _____

THINGS MY CHILD DOES NOT LIKE

NOTES

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Home Behavior Plan

Before, during and after: what we all do at home.

Fill this in with your child's BCBA.

CHILD _____ **MADE WITH** _____ **DATE** _____

THE BEHAVIOR: WHAT IT LOOKS LIKE

_____

_____

WHAT WE'D LIKE INSTEAD

_____

Before

What we do to help it not happen

_____

_____

_____

During

What we do while it is happening

_____

_____

_____

After

What we do once things are calm, and how we praise the new skill

_____

_____

_____

IF SOMEONE COULD GET HURT, WE:

_____

_____

_____

GOAL WE'RE WORKING ON

_____

_____ _____

Parent signature Date

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Parent Training Log

My sessions with my child's BCBA, and what I practice at home.

CHILD

_____

1 Date _____ With _____

We worked on _____

I'll practice at home _____

At home it went ○ Easy ○ OK ○ Hard Questions for next time _____

2 Date _____ With _____

We worked on _____

I'll practice at home _____

At home it went ○ Easy ○ OK ○ Hard Questions for next time _____

3 Date _____ With _____

We worked on _____

I'll practice at home _____

At home it went ○ Easy ○ OK ○ Hard Questions for next time _____

4 Date _____ With _____

We worked on _____

I'll practice at home _____

At home it went ○ Easy ○ OK ○ Hard Questions for next time _____

5 Date _____ With _____

We worked on _____

I'll practice at home _____

At home it went ○ Easy ○ OK ○ Hard Questions for next time _____

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Token Board

NAME

I EARN A TOKEN WHEN

I'm working for

1 2 3 4 5

All five full? I get it!

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My Goal Tracker

Ten boxes. When they are all checked, the reward is yours.

MY GOAL

I CHECK A BOX EACH TIME

1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
6 ☐	7 ☐	8 ☐	9 ☐	10 ☐

WHEN ALL 10 ARE CHECKED, I GET

STARTED

FINISHED

NOTES

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Potty Log

One day. A row each try.

CHILD _____ **DATE** _____

WE TRY EVERY _____ **FOR TRYING, MY CHILD GETS** _____

TIME	Sat	Pee	Poop	Dry before	Accident	NOTE
	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	

WHAT I NOTICE

_____

_____

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Practice in Daily Routines

One small thing to practice in what you already do every day.

CHILD _____ **WITH MY CHILD'S THERAPIST** _____ **WEEK OF** _____

Meals

What we practice

How I help

Days I practiced

M	T	W	T	F	S	S
☐	☐	☐	☐	☐	☐	☐

Bath

What we practice

How I help

Days I practiced

M	T	W	T	F	S	S
☐	☐	☐	☐	☐	☐	☐

Getting dressed

What we practice

How I help

Days I practiced

M	T	W	T	F	S	S
☐	☐	☐	☐	☐	☐	☐

In the car

What we practice

How I help

Days I practiced

M	T	W	T	F	S	S
☐	☐	☐	☐	☐	☐	☐

Play

What we practice

How I help

Days I practiced

M	T	W	T	F	S	S
☐	☐	☐	☐	☐	☐	☐

Bedtime

What we practice

How I help

Days I practiced

M	T	W	T	F	S	S
☐	☐	☐	☐	☐	☐	☐

Add this to your child's Bloom Autism Support: snap a photo and send it to your child's Bloom Autism Support email address.

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Sensory Patterns Tracker

What your child went toward, and what your child pulled away from.

CHILD _____ WEEK OF _____

WHEN	WHERE	WHAT MY CHILD DID	WHICH SENSE						TOWARD OR AWAY		WHAT HELPED
			Sound	Touch	Sight	Smell	Taste	Move	Toward	Away	
			☐	☐	☐	☐	☐	☐	○	○	
			☐	☐	☐	☐	☐	☐	○	○	
			☐	☐	☐	☐	☐	☐	○	○	
			☐	☐	☐	☐	☐	☐	○	○	
			☐	☐	☐	☐	☐	☐	○	○	
			☐	☐	☐	☐	☐	☐	○	○	
			☐	☐	☐	☐	☐	☐	○	○	
			☐	☐	☐	☐	☐	☐	○	○	
			☐	☐	☐	☐	☐	☐	○	○	

MY CHILD GOES LOOKING FOR _____

MY CHILD PULLS AWAY FROM _____

Add this to your child's Bloom Autism Support: snap a photo and send it to your child's Bloom Autism Support email address.

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New Words and Communication Log

Every new word, sign, picture or gesture counts.

CHILD

_____

WORDS WE'RE PRACTICING

_____

DATE	WORD, SIGN OR PICTURE	HOW				WHERE, WITH WHOM	NOTE
		Said	Sign	Pic	Gest.		
		☐	☐	☐	☐		
		☐	☐	☐	☐		
		☐	☐	☐	☐		
		☐	☐	☐	☐		
		☐	☐	☐	☐		
		☐	☐	☐	☐		
		☐	☐	☐	☐		
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		☐	☐	☐	☐		
		☐	☐	☐	☐		
		☐	☐	☐	☐		
		☐	☐	☐	☐		
		☐	☐	☐	☐		
		☐	☐	☐	☐		

Add this to your child's Bloom Autism Support: snap a photo and send it to your child's Bloom Autism Support email address.

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Core Word Board

NAME

I	you	want	like	more	help
go	stop	eat	drink	play	look
open	put	get	make	my turn	all done
in	out	up	down	on	off
yes	no	not	again	what	where

Who · Doing · Where · Talking · Asking

Add this to your child's Bloom Autism Support: snap a photo and send it to your child's Bloom Autism Support email address.

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How to use this at home

Ask your child's speech therapist which words to start with.

1. Keep it close. It only helps if it is there when your child wants to say something.
2. Talk and point. Touch the words as you say them: "want ... more?" "go ... out!" This is how your child learns where the words are.
3. Short is plenty. One or two words at a time.
4. Wait. After you point, wait a few seconds. Give your child time to look, point, or try.
5. Every try counts. A look, a reach, a sound, or a touch near the word: answer it like a word.
6. Don't test. Skip "show me 'eat'". Use the board to talk about what is happening right now.
7. Use it in routines: meals, bath, play, the car. The same words, again and again.

WORDS WE ARE PRACTICING THIS WEEK

NOTES FROM MY CHILD'S SPEECH THERAPIST

Session Notes for Parents

What we did today, and something to try at home.

CHILD _____ **DATE** _____ **THERAPIST** _____ **KIND OF THERAPY** _____

WHAT WE WORKED ON TODAY

WHAT WENT WELL

WHAT WAS HARD

Try this at home

1.
2.
3.

NEXT SESSION

QUESTIONS TO BRING

GOAL WE'RE WORKING ON

Parent signature

Date

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One Home Plan for Speech and OT

Both therapies on one page, and one week to fit them in.

CHILD _____

WEEK OF _____

Speech

Therapist _____

GOAL 1

_____

How we practice at home

_____

_____

GOAL 2

_____

How we practice at home

_____

_____

OT

Therapist _____

GOAL 1

_____

How we practice at home

_____

_____

GOAL 2

_____

How we practice at home

_____

_____

Our week

	SPEECH: WHAT WE PRACTICED	OT: WHAT WE PRACTICED
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

QUESTIONS FOR THE THERAPISTS

_____

_____

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Self-Care Routine Charts

Add a picture to each step. Tick each one when it is done.

NAME

Brushing teeth

1	2	3	4	5
Toothpaste on the brush	Brush the top teeth	Brush the bottom teeth	Spit	Rinse and put the brush away
☐ Done	☐ Done	☐ Done	☐ Done	☐ Done

Washing hands

1	2	3	4	5
Turn on the water	Soap on hands	Rub and count to 20	Rinse	Dry with the towel
☐ Done	☐ Done	☐ Done	☐ Done	☐ Done

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Self-Care Routine Charts

Add a picture to each step. Tick each one when it is done.

Getting dressed

1	2	3	4	5
Underwear	Pants	Shirt	Socks	Shoes
☐ Done	☐ Done	☐ Done	☐ Done	☐ Done

Bath time

1	2	3	4	5
Clothes off	Get in the tub	Wash body	Wash hair	Dry off with a towel
☐ Done	☐ Done	☐ Done	☐ Done	☐ Done

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Check-In Chart

Morning and afternoon, then a summary for home.

STUDENT _____ **WEEK OF** _____

	MORNING	AFTERNOON	TEACHER'S NOTE
Monday	○ ○ ○ ○ ○	○ ○ ○ ○ ○	
Tuesday	○ ○ ○ ○ ○	○ ○ ○ ○ ○	
Wednesday	○ ○ ○ ○ ○	○ ○ ○ ○ ○	
Thursday	○ ○ ○ ○ ○	○ ○ ○ ○ ○	
Friday	○ ○ ○ ○ ○	○ ○ ○ ○ ○	

This week, for home

THE WEEK OVERALL ○ Great ○ Good ○ OK ○ Hard

SOMETHING TO CELEBRATE

SOMETHING WE'RE WORKING ON

ASK YOUR CHILD ABOUT

FROM HOME

Add this to your child's Bloom Autism Support: snap a photo and send it to your child's Bloom Autism Support email address.

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Break Card

NAME

I need a break

I need a break

cut out

My calm-down choices

Point to one when you need it.

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Break Pass

Show a pass, take a short reset, come back.

BREAK PASS

I need a break

BREAK PASS

I need a minute

BREAK PASS

I need help

cut out

My reset options

- ☐ Get a drink of water
- ☐ Headphones or music
- ☐ Slow breaths
- ☐ Doodle
- ☐ A short walk
- ☐ Stretch
- ☐ A quiet spot
- ☐ Something to hold

Other: _____

SIGNS I NEED A BREAK

_____

_____

_____

MY PLAN: WHERE I GO, HOW LONG, HOW I COME BACK

_____

_____

_____

_____

Add this to your child's Bloom Autism Support: snap a photo and send it to your child's Bloom Autism Support email address.

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Accommodations at a Glance

What helps this student, on one page. A quick summary, not the IEP or 504 plan.

STUDENT _____ **GRADE AND TEACHER** _____ **UPDATED** _____

SEATING

- ☐ Near the teacher
- ☐ Away from doors and noise
- ☐ A place to move or stand

BREAKS

- ☐ Break card
- ☐ Movement breaks
- ☐ A calm spot in the room

DIRECTIONS

- ☐ One or two steps at a time
- ☐ Said and written down
- ☐ Check that it was understood

CLASSWORK

- ☐ Extra time
- ☐ Fewer problems, same skill
- ☐ Big jobs in smaller parts

TESTS AND QUIZZES

- ☐ A quiet room
- ☐ Questions read aloud
- ☐ Breaks during tests

SOUND, LIGHT, TOUCH

- ☐ Headphones
- ☐ Something to hold
- ☐ Softer lights or a seat out of the glare

TALKING AND ANSWERING

- ☐ Pictures or a device to talk
- ☐ Extra time to answer
- ☐ Few words, clear words

CHANGES

- ☐ A warning before changes
- ☐ A picture schedule
- ☐ A heads-up about subs and drills

WHAT WORKS BEST

PLEASE AVOID

WHO TO ASK

Add this to your child's Bloom Autism Support: snap a photo and send it to your child's Bloom Autism Support email address.

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School Communication Log

Every call, email, meeting and note, a row each.

CHILD _____ **SCHOOL YEAR** _____

DATE	WHO	HOW				WHAT WE TALKED ABOUT	NEXT STEP
		Email	Call	Meet	Note		
		☐	☐	☐	☐		
		☐	☐	☐	☐		
		☐	☐	☐	☐		
		☐	☐	☐	☐		
		☐	☐	☐	☐		
		☐	☐	☐	☐		
		☐	☐	☐	☐		
		☐	☐	☐	☐		
		☐	☐	☐	☐		
		☐	☐	☐	☐		
		☐	☐	☐	☐		
		☐	☐	☐	☐		

Add this to your child's Bloom Autism Support: snap a photo and send it to your child's Bloom Autism Support email address.

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Medication Log

Copy each medicine exactly as your child's doctor gave it. Always follow your child's doctor.

CHILD	WEEK OF	ALLERGIES

Medicines

MEDICINE	AMOUNT	WHEN	WHAT IT'S FOR	DOCTOR	STARTED

This week

Tick when given

	Morning	Midday	Evening	Bedtime	WHAT I NOTICED
Monday	☐	☐	☐	☐	
Tuesday	☐	☐	☐	☐	
Wednesday	☐	☐	☐	☐	
Thursday	☐	☐	☐	☐	
Friday	☐	☐	☐	☐	
Saturday	☐	☐	☐	☐	
Sunday	☐	☐	☐	☐	

QUESTIONS FOR THE DOCTOR

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Doctor Visit Prep Sheet

Before the visit: questions and changes. During it: what the doctor said.

CHILD	DATE	DOCTOR	REASON FOR THE VISIT

My top questions

1. _____
2. _____
3. _____

What has changed since the last visit

SLEEP

_____

EATING

_____

ANYTHING ELSE (SCHOOL, MOOD, THE BATHROOM)

_____

What helps my child at the doctor

- ☐ First or last appointment of the day
- ☐ Tell my child each step before it happens
- ☐ A favorite toy
- ☐ Wait somewhere quiet
- ☐ Headphones
- ☐ Show the tools first

Other: _____

WHAT THE DOCTOR SAID

_____

_____

_____

_____

NEXT STEPS

_____

_____

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Important Contacts

Everyone who helps my child, on one page.

CHILD _____ **UPDATED** _____

Emergency: 911 **Poison Help: 1-800-222-1222**

WHO	NAME	PHONE	NOTES
Doctor			
Dentist			
Speech therapist			
Occupational therapist			
BCBA			
Teacher			
Case manager			
Pharmacy			
Insurance			
Emergency contact 1			
Emergency contact 2			

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Wandering and Safety Plan

Our family's plan, made on a calm day.

CHILD

UPDATED

MY CHILD MAY HEAD TOWARD

- ☐ Water: pools, ponds, the beach
- ☐ Roads and traffic
- ☐ Trains and tracks
- ☐ Parks and playgrounds
- ☐ Stores
- ☐ Neighbors' yards

PLACES NEARBY MY CHILD MIGHT GO

WHAT WE HAVE IN PLACE

- ☐ Door alarms or chimes
- ☐ Locks up high or out of reach
- ☐ Fence and gate
- ☐ ID bracelet, tag or card
- ☐ Neighbors know my child
- ☐ Swim lessons
- ☐ A recent photo on my phone

If my child is missing

1. Call 911 right away. Say your child is autistic and may not answer to their name.
2. Check nearby water first: pools, ponds, the beach.
3. Then the places on this page. Everyone follows "who does what."

Who does what

WHO	DOES WHAT

Neighbors to call

For a sheet about your child to hand to police and first responders, use the Child Card in Bloom Autism Support.

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Turning 14, 18 and 21 in New Jersey

What often comes up at each age, and who to ask. Plain information only.

Around 14 Planning for after high school

- The IEP starts to include plans for after high school: work, more school, and daily life. This is often called transition planning.
  Ask: the case manager. https://www.nj.gov/education/specialed/
- Help with getting ready for work may be available from Vocational Rehabilitation Services (DVRS).
  Ask: DVRS. https://www.nj.gov/labor/career-services/special-services/individuals-with-disabilities/

Around 18 Your child becomes an adult

- At 18 your child is an adult. Some families look into guardianship or other kinds of help with decisions. It goes through the courts.
  Ask: NJ Courts guardianship self-help. https://www.njcourts.gov/self-help/guardianship
- Social Security reviews SSI at 18 using the rules for adults.
  Ask: Social Security. https://www.ssa.gov/ssi
- The Division of Developmental Disabilities (DDD) serves adults. Many families apply before school ends.
  Ask: DDD when to apply. https://www.nj.gov/humanservices/ddd/individuals/transition/

Around 21 School ends, adult services begin

- School services can continue until about 21.
  Ask: the school when the last school year is. https://www.nj.gov/education/specialed/
- Adult day programs and supports come through DDD after school ends.
  Ask: DDD. https://www.nj.gov/humanservices/ddd/individuals/transition/

SPAN is New Jersey's parent center: free help for families with questions about school and growing up.

https://spanadvocacy.org/

Links checked: October 2026. Rules and forms change: always ask the agency.

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Our notes

Questions, next steps and dates, by age.

CHILD

Around 14

QUESTIONS

NEXT STEP

BY WHEN

Around 18

QUESTIONS

NEXT STEP

BY WHEN

Around 21

QUESTIONS

NEXT STEP

BY WHEN

OTHER NOTES

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Daylight Saving Bedtime Shift

Clocks go back one hour on Sunday, November 1, 2026, at 2:00 AM.

HOW IT WORKS

Starting Wednesday, put your child to bed 15 minutes later each night. By Saturday, bedtime is one hour later. On Sunday the clock goes back, so your usual bedtime feels the same as Saturday did. Keep it steady all week. Go slower if you need to.

USUAL BEDTIME _____ **USUAL WAKE-UP** _____

NIGHT	BEDTIME PLAN	ASLEEP AT	WOKE AT	Easy	OK	Hard
Sun, Oct 25	Usual bedtime			○	○	○
Mon, Oct 26	Usual bedtime			○	○	○
Tue, Oct 27	Usual bedtime			○	○	○
Wed, Oct 28	**15 min after usual**			○	○	○
Thu, Oct 29	**30 min after usual**			○	○	○
Fri, Oct 30	**45 min after usual**			○	○	○
Sat, Oct 31	**1 hour after usual**			○	○	○
Saturday night: clocks go back one hour at 2:00 AM						
Sun, Nov 1	**Usual bedtime, new clock**			○	○	○
Mon, Nov 2	Usual bedtime			○	○	○
Tue, Nov 3	Usual bedtime			○	○	○
Wed, Nov 4	Usual bedtime			○	○	○
Thu, Nov 5	Usual bedtime			○	○	○
Fri, Nov 6	Usual bedtime			○	○	○
Sat, Nov 7	Usual bedtime			○	○	○

WHAT HELPED

_____

_____

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Name Tracing

Name _____

I will: **trace my name**

How many: **4**

Then: _____

Type the name on the page before you print, and every row fills in.

EXAMPLE

☐ **I'm done!**

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Letter A a

Name _____

I will: **trace**

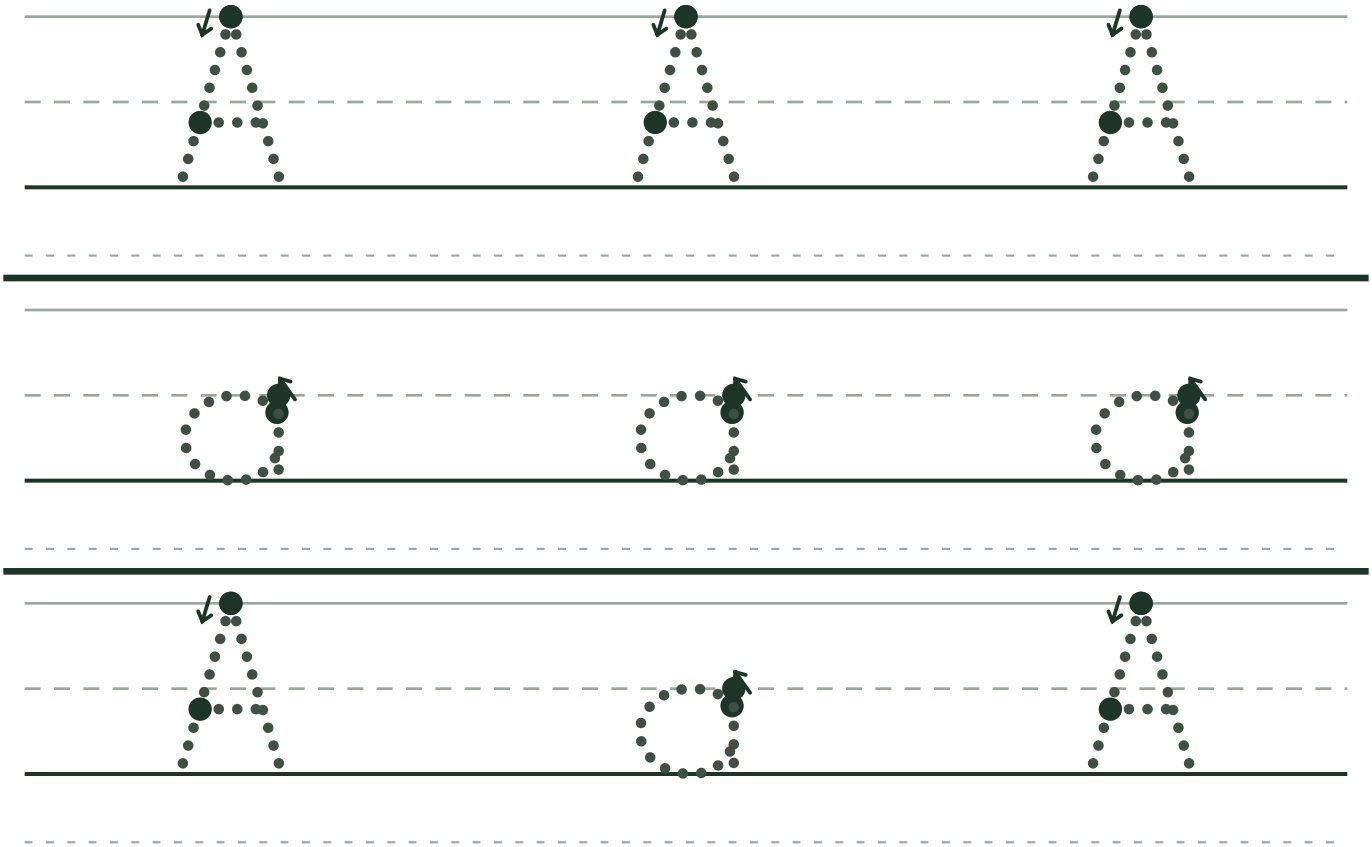
How many: **9**

Then: _____

apple

EXAMPLE

A a



☐ **I'm done!**

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Number 0

Name _____

I will: **trace**

How many: **9**

Then: _____

zero

Count the dots

EXAMPLE

0

I'm done!

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Straight lines

Name _____

I will: **trace**

How many: **6**

Then: _____

EXAMPLE

☐ **I'm done!**

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