**Support Strategies**

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**I may….**

Use my eyes to make choices throughout my day with up to four items

**Because….**

I can direct my eye gaze to different areas

I am unable to communicate verbally

I have low muscle tone and limited control over my limbs for pointing or moving

**Staff should….**

Use pictures, symbols or items to give me a choice

Make sure there is a distance between the items to confirm my choice using four corners or different sides

Give me time to make my choice or response without repeating yourself

Ask me to confirm if you are unsure of my choices

Give me lots of opportunities to practice my skills

**I may….**

Use vocalisations and facial expressions to communicate

**Because….**

I am unable to communicate verbally but can make sounds

I have some control over my facial expressions and can smile and frown appropriately

I like to join in socially and engage with people

**Staff should….**

Ask me to show what my response is eg smile for a yes

Respond to my facial expressions appropriately eg if I’m frowning I don’t like something

Speak to me and ask my opinion, I like to share it!

Give me time to respond

Give me lots of opportunity for using my skills

**I may…**

Use switches or touch screens in activities

**Because…**

I have some control over my left thumb

I like to be able to activate things

I enjoy participating in group activities

**Staff should….**

Give me lots of opportunities to practice my skills

Provide big switches to make it easy for me to use

Do regular motor skills activities with me to keep up my mobility

Make sure I’m sitting in a good position for using my hand

**I may…**

Access a variety of activities to help with my physical needs

**Because….**

I have limited muscle tone and need a wheelchair for mobility

I get sore and bored staying in my chair all the time

I need practice at stretching and moving to keep my physical skills going

**Staff should….**

Check with the Occupational Therapists about my programme

Give me opportunities to come out of my chair

Give me timetable slots for the spa pool

Make sure I’m comfortable in my chair when I go return to it

Check protocols for: Eating and Drinking, Moving and Handling and intimate care