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| --- | --- | --- | --- |
|  | **What can you see or hear your child doing?** | **How does this impact your child? Think about both the good and not so good** | **What can you do to support your child? (Strategies)** |
| **Strengths and Interests** |  |  |  |
| **Connections to culture, mob and community** |  |  |  |
| **Social and Communication** |  |  |  |

**My Child’s Storyboard Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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|  | **What can you see or hear your child doing?** | **How does this impact your child? Think about both the good and not so good** | **What can you do to support your child? (Strategies)** |
| **Sensory Processing**  ***The way your child interacts with things and places*** |  |  |  |
| **Self-Care and Independence**  ***The way your child looks after themselves*** |  |  |  |
| **Executive Functioning**  ***Thinking and learning skills*** |  |  |  |