



Wish Child's Name: \_\_\_\_\_

Date Completed: \_\_\_\_\_

**Make-A-Wish Family,**

We are thrilled to begin working with your family as we grant a wish to enrich your child's life with hope, strength and joy! As the parent(s)/legal guardian(s) of a non-verbal child, we realize that you have most likely learned to understand one another in both learned methods and intuitively over the years. Prior to assigning wish granters to your child's wish, we would like to learn more about your child's communication style to ensure the best match of volunteers to your family.

The attached communication profile will help us better understand your child's communication style, situations and behaviors exhibited by various emotions, and provide insights into your child's preferences in various stimuli. This profile has been designed to cover a variety of topics and areas, some of which may not apply to your child. If this is the case, feel free to skip that particular statement.

We also understand that your child may have a team of professionals that work with him/her on a daily basis both inside and outside of the school, home, or medical facilities. By providing the names and contact information for these individuals, we will be able to further learn about your child's communication style in preparation for our volunteer's initial visit. Naturally, you choosing to include them is entirely up to you, and you should know that information discussed will be kept confidential. You will notice that we have enclosed a consent form for you to sign that will allow those individuals you recommended, permission to discuss your child's communication techniques with our team. Please sign and date one form, returning it to our office along with this profile. We are happy to complete a separate form for each individual you identify on the last page of this profile.

Our staff and volunteers are here to walk beside you throughout this wish process and we couldn't be more excited to work with your family. Should you have any questions about the use of this profile, please do not hesitate to contact the office.

Best wishes,

Make-A-Wish Georgia



Name of individual(s) completing this profile on behalf of wish child: \_\_\_\_\_

Relationship to Wish Child: \_\_\_\_\_

Type of Music / Sound

Type of Movement

## Play Activity

Toy

## Ways to Communicate

Describe a day in the wish child's life...

- ☐ actions
- ☐ eye blinking
- ☐ eye movement/gaze
- ☐ facial expression
- ☐ other:
- ☐ gestures
- ☐ picture cards
- ☐ pointing
- ☐ signing (ASL or personal)
- ☐ sounds
- ☐ switch manipulation
- ☐ voice-output communication device
- ☐ writing

\*If yes, please indicate how the child expresses yes/no answers. \_\_\_\_\_

\*If yes, how does the child indicate that he/she likes or dislikes something? \_\_\_\_\_

Wish Child Emotions		
<i>Emotion my child exhibits.</i>	<i>Situation(s) in which my child exhibits this emotion.</i>	<i>Behaviors that my child displays as a result of this emotion.</i>
My child is really happy when...		
My child is really overwhelmed when...		
My child is really sad when...		
My child is really nervous when...		
My child is really excited when...		
My child is really scared when...		
My child is overstimulated when...		

Wish Child Preferences	
<i>Activities</i>	<i>Behaviors that my child displays as a result of this situation.</i>
When my child wants to participate in an activity or play with a favorite toy, he/she...	
When my child wants to stop participating in an activity or stop playing with a toy, he/she...	
When my child is in a normal, structured routine he/she...	
When my child is out of a normal routine and the days are all different, he/she...	
When my child travels and stays in different places than what he/she is used to, he/she...	

Wish Child Preferences	
<b>Sounds</b>	<i>Behaviors that my child displays as a result of this situation.</i>
When my child hears loud or sudden noises, he/she...	
When my child hears many different noises or constant noise, he/she...	
When my child has constant changes in the noises he/she hears...	
<b>Movement and Touch</b>	<i>Behaviors that my child displays as a result of this situation.</i>
When my child is actively moving, he/she...	
When my child is sitting or lying still, he/she...	
When my child is moved to and from, or in and out of a chair, he/she...	
<b>Visual</b>	<i>Behaviors that my child displays as a result of this situation.</i>
When there are bright lights, my child...	
When there are soft, still lights, my child...	
When there are flashing lights and moving visuals, my child...	
When there is constant change in my child's visual field...	
<b>People</b>	<i>Behaviors that my child displays as a result of this situation.</i>
When unfamiliar people approach or touch my child, he/she...	
When a character in a costume approaches or touches my child, he/she...	
When animals approach my child, he/she...	

Wish Child Preferences	
<i>Environment</i>	<i>Behaviors that my child displays as a result of this situation.</i>
When my child is hot, he/she...	
When my child is cold, he/she...	
When my child is in crowds, he/she...	
When my child is with only a few people or alone, he/she...	
When my child is with people he/she does not know...	

The one thing that brings the most joy to my child is... \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Feel free to share any additional information about the wish child's communication abilities, behavior, and/or physical state that you feel would be important for the Make-A-Wish volunteers to know before they meet with and interact with your child. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Professional Support System			
<i>Name</i>	<i>Relationship to Wish Child</i>	<i>Phone Number and Email</i>	<i>School, Company, Medical Facility Affiliation</i>

Make-A-Wish grants four types of wishes: a wish to have something, a wish to meet someone, a wish to go somewhere, or a wish to be something. Please list below the wish options you think your child would choose if he/she could speak for him/herself. Please keep in mind that wishes need to be age appropriate on chronological and cognitive levels and may or may not include travel. You will be contacted by your wish coordinator to discuss the options you list below. Therefore, it is important to list at least three options so that we know all possible wishes for your child have been considered. NOTE: All wishes must be approved by Make-A-Wish and you can change your options at any time.

Option 1: \_\_\_\_\_

Option 2: \_\_\_\_\_

Option 3: \_\_\_\_\_

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

**Please list at least one  
non-travel wish  
option**

What is the number one wish you think your child would choose? Please explain why:

\_\_\_\_\_  
\_\_\_\_\_

What long lasting benefit will your child experience from receiving the wish you have chosen?

\_\_\_\_\_  
\_\_\_\_\_

Do you believe the wish you have chosen will enhance your child's daily life/activities? YES NO

Please explain why: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you ever traveled with your child before? What mode of travel did you use and please describe the experience.

\_\_\_\_\_  
\_\_\_\_\_

The document you have just completed will be used by Make-A-Wish as a guide to better understand your child. We have asked these questions so we can better understand how your child communicates and what things bring joy to your child. We have consulted YOU in this process because YOU are the expert on your child as you know your child best. Thank you for working with us to find the best possible wish for your child.