ACCESS NEEDS - COMMUNICATION

SELF ADVOCACY IN HEALTHCARE

Important information

- ☐ I have a Support Plan or Consistent Approaches Plan
- ☐ I have a Behaviour Support Plan

1. How I communicate face to face

Main communication method eg. touch and sign

Back up communication method
eg. Written

2. How to help me communicate with others

- ☐ Giving me more time to speak
- ☐ Give me option to write or draw
- ☐ Interpreter
- ☐ Other

3. Advice for others who communicate with me

- ☐ Yes or no questions
- ☐ No open questions
- ☐ One question at a time
- ☐ Be specific, not vague
- ☐ Keep messages short and simple
- ☐ Using gestures and pictures
- ☐ Other

4. Confirmation of understanding

How you will know I have understood
eg. thumbs up when I understand

How I will know you have understood me eg. thumbs up when you understand

How to check for consent in treatment planning

Notes

ACCESS NEEDS - SENSORY & ENVIRONMENTAL

SELF ADVOCACY IN HEALTHCARE

1. **My sensory / environmental access needs are**

SENSORY/ ENVIRONMENTAL eg. lighting	**ACCESS NEED** eg. no fluorescent bulbs, natural light is OK, no dim light
Lighting	
Sounds	
Temperature	
Touch	
Smell / scent	
Mobility	
Crowds / no. of people	
Time	
Seating	
Other	

Location

- ☐ Close to exit
- ☐ Close to bathroom
- ☐ Other

2. **My personal solution to help in physical environments**

eg. headphones, sunglasses

3. **How healthcare providers can help in physical environments**

eg. dimming lights, turn off air conditioning