



## Sensory

*What do you need to reduce sensory overload?*

<input type="checkbox"/>	Ear plugs/ Headphones
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

## Safety & Stim

*What fidgets do you want to bring? Items that will bring you comfort?*

<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

## My Needs

*What aid items do you need to bring? Medications?*

<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

## ID & Emergency Info

<input type="checkbox"/>	ID
<input type="checkbox"/>	Emergency Contact Card
<input type="checkbox"/>	
<input type="checkbox"/>	

## Money

<input type="checkbox"/>	Cash
<input type="checkbox"/>	Cards

## Weather & First Aid

*What do you need to for the weather or expected happenings?*

<input type="checkbox"/>	Jacket or Coat
<input type="checkbox"/>	Phone Charger
<input type="checkbox"/>	First Aid
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

## Food & Drink

*Do you have water, or do you need to bring food today?*

<input type="checkbox"/>	Water Bottle
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

## Activity & Entertainment

*Do you need something to do during a long wait?*

<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

## What do I need today?

*What do I need to bring for where I am going today?*

<input type="checkbox"/>	
<input type="checkbox"/>	