

PERSONA



NAME			
IMPAIRMENT		EDUCATION	
AGE		OCCUPATION	
RESIDENCE		INCOME	
FAMILY		NEED ASSISTANCE	

WHO AM I? HOW DO I LIVE?	WHAT IS IMPORTANT TO ME?
WHAT DO I WANT TO ACHIEVE? MY MOTIVATION?	WHAT IS HOLDING ME BACK? MY CONCERNS?
TYPICAL DAY	STRENGTHS
	INTERESTS
	APPLICATIONS I USE
I HAVE ALWAYS WITH ME	