

# Neurodivergent Communication Preferences Card

Articulate your communication needs clearly — to share with employers, providers, family, and your support network.

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Clinician: \_\_\_\_\_

***Purpose:** This card helps you articulate your communication preferences clearly — to share with employers, educators, healthcare providers, family, or anyone in your support network. It is designed to be completed once and shared as needed.*

## MY COMMUNICATION PREFERENCES

### PREFERRED COMMUNICATION MODE

**I communicate best via (circle all that apply):**

*Written message / Email / Text In-person Phone call Video call*

**My least preferred communication mode and why:**

### PROCESSING & RESPONSE TIME

**I need extra time to process before responding:**

*Yes No Sometimes — specifically when:*

**My typical response time for non-urgent messages:**

**When I am overwhelmed, my communication may:**

### DURING CONVERSATIONS

**Please do / say (things that help):**

**Please avoid (things that make communication harder):**

**If I go quiet, it usually means:**

**The best way to check if I have understood something:**

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## IN CONFLICT OR DIFFICULT CONVERSATIONS

**I need (e.g. advance notice, written summary, a break):**

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**Signs that I am overwhelmed in a conversation:**

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**How to best support me in these moments:**

## REFLECTION & INTEGRATION

**Who I plan to share this card with:**

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**One communication accommodation I have been hesitant to ask for but need:**

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