

All About Me

All about _____

My Family

The people in my life: _____

My pets and their names: _____

My caregivers' names: _____

Communication

I can let you know what I need...

- With words
- With pictures
- With gestures (pointing, waving, nodding my head)
- With sign language
- A combination of words and gestures or pictures

Some important words or gestures I use are:

My Social Skills and Needs

1. When I am around new people, I...
 - Am shy or afraid
 - Am curious to meet them
2. I like to play...
 - All by myself
 - With one friend
 - With several friends
3. I share my toys...
 - Never
 - Sometimes
 - Most of the time

My Potty Routine

- Wear diapers
- Will sit on potty with help
- Stay dry/clean when taken to toilet on a regular basis
- Indicate need to use toilet
- Manage my clothes independently

My Nap Routine

- Take a nap; for how long? _____
- Does not nap

Favorite Foods

- Fruits: _____
- Vegetables: _____
- Meats: _____
- Cereals/Bread: _____
- Drinks: _____
- Special Treats: _____

I really don't like: _____

Favorite & Not-So-Favorite Activities

These are things I enjoy doing at home:

- Playing with _____
- Coloring
- Looking at picture books
- Playing outside
- Baking yummy food in the kitchen
- Riding my tricycle or big wheel
- Playing with these favorite toys and games: _____

I don't like to: _____

Things that comfort me when I'm upset are: _____

Medications

Medication	Dosage	Schedule	Comments

Allergies

I am allergic to: _____

This is how I react:

- I sneeze
- I get a rash
- My eyes water
- I have difficulty breathing
- Other: _____

If I have an allergic reaction, you can help me by: _____

Other Important Medical Issues

- Seizure disorder
- Heart condition
- Asthma
- Chronic Illness
- Other (specify) _____

Please describe any medical issues checked above and detail steps to be taken by school personnel if a complication occurs at school: _____

Special Equipment & Supplies

I use:

1. Mobility Devices
 - Wheelchair
 - Walker
 - Seating Devices
 - Other _____
2. Feeding Equipment
 - Plate/suction
 - Adapted cup
 - Adapted spoon
3. Auditory Aids
 - Amplification system
 - Hearing aids
 - Right ear
 - Left ear
4. Visual Aids
 - Large print
 - Glasses

Additional things I would like for you to know:
