Hi! My name is ____________________
I am ____ years old

’All Aboot ME’

Hi! My name is ____________________
I am ____ years old

Feel free to reproduce with appropriate credit given.
My Personal Information

My Address:

____________________________________
____________________________________
____________________________________
____________________________________

My Phone Number

____________________________________
Special Equipment & Supplies

Here is a list of special things I will need to use at school. If you have any questions about how to use or care for these, please call my family. Thanks!

Mobility Devices:
- Wheelchair
- Walker

Seating Assistance:
- Rifton Chair

Feeding Equipment:
- Plate with suction
- Adapted spoon
- Adapted Cup

Auditory Needs:
- Hearing Aids
- Amplification System
- FM Devices

Visual Aids:
- Large Print
- Braille Materials
- Glasses
Things That Make Me HAPPY!!

I like it when people smile at me and tell me that I’ve worked very hard and done a good job!

I like to be rewarded with ___________ when I have done well or followed the rules

I like hugs! You can give me a hug and tell me how good I am doing!

I like stickers and ink stamps. When you put one on my hand it reminds me that I can do well...and just did!

Here are some other things I like very much. You can use them to make me happy and let me know when I have done well!

________ Music  _______ Computer time

________ Stories on tape, or being read to

Other things that make me happy!
When I am “Not-So-Happy”
Here are some hints on what to do when I’m not happy

When I am having trouble sitting still, try this:

If I don’t pay attention when you try to show or tell me something you can:

When I am unhappy, I might act like this:

Here are some suggestions that work for my parents when I’m not happy:

Remember that sometimes my behavior is my only way to communicate.

If I’m getting sick I might:
If I don’t understand, I might:
If I am overwhelmed by sounds, I might:

Other Good Ideas:
ALLERGIES
This section will tell you about:
• What I am allergic to
• How I react when I get near these things
• Ways you can help me feel better

I am allergic to: ______________________________
This is how I react:____________________________________

☐ My eyes water ☐ I sneeze
☐ I have difficulty Breathing ☐ I break out in a rash
☐ My behavior may change ☐

I am allergic to: ______________________________
This is how I react:____________________________________

☐ My eyes water ☐ I sneeze
☐ I have difficulty Breathing ☐ I break out in a rash
☐ My behavior may change ☐

If I have an allergic reaction, you can help me by:
Here is a list of services I receive. You may talk to my parents if you would like to find out more. You might be able to arrange with my parents to talk to my therapist. Practicing these skills throughout the day will help me master the skills more quickly. Some of these can be done in the classroom.

I am receiving:
- Physical therapy from ____________________________
- Occupational therapy from _______________________
- Speech therapy from ______________________________
- _________________________________
- _________________________________
- _________________________________

Please be aware of these important nutritional needs:
- _________________________________
- ______________________________________________
- ______________________________________________
- _________________________________
- ______________________________________________

Transportation Needs:
- I get to school by ______________________________
- I feel secure and am safe to ride if: ____________________________
- You also need to know these things:__________________________
CAUTION! I AM ALLERGIC TO: ________________________

These are the medications I take:

Name of medicine: _______________________________________
Prescribing Doctor and phone #: _____________________________
Reason for Taking Medication: _______________________________
Dosage: ________________ When Given: _______________________
How Given: _______________________________________________
Side Effects/Special Comments: ______________________________

Name of medicine: _______________________________________
Prescribing Doctor and phone #: _____________________________
Reason for Taking Medication: _______________________________
Dosage: ________________ When Given: _______________________
How Given: _______________________________________________
Side Effects/Special Comments: ______________________________

Name of medicine: _______________________________________
Prescribing Doctor and phone #: _____________________________
Reason for Taking Medication: _______________________________
Dosage: ________________ When Given: _______________________
How Given: _______________________________________________
Side Effects/Special Comments: ______________________________
IMPORTANT
PEOPLE IN
MY LIFE!

These are people who live with me and/or take care of me and other people that are important to me!

My mom’s name is: ____________________________________

My dad’s name is:_____________________________________

My brothers and sisters are:

________________________________________ Age: _________
________________________________________ Age: _________
________________________________________ Age: _________
________________________________________ Age: _________

Other people that are special to me:

Name:_______________________ Relationship:______________

Name:_______________________ Relationship:______________

Name:_______________________ Relationship:______________

Name:_______________________ Relationship:______________

I like to hang out with my friends:

________________________________________
________________________________________
IMPORTANT PHONE NUMBERS

My family and friends know many special, important things about me. Here is a list of people to contact if you need more information about such thing as:

* my medications
* my allergies
* how to lift or carry me
* how to feed me

**PLEASE REMEMBER TO ASK MY PARENTS FOR PERMISSION TO TALK TO OTHERS ABOUT ME!**

<table>
<thead>
<tr>
<th>Name</th>
<th>What they do for me</th>
<th>Address</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>
My Favorite Things To Do…
and Things I Don’t Like to Do….

I really like to:

- read
- be a helper
- listen to music
- draw

I also like to:

- Play basketball/ sports
- Build things

My Favorite Games and Toys:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

I don’t like:

- Loud Games
- Messy Activities
FAVORITE FOODS:
I really love these foods

NOT-SO-FAVORITE FOODS:
These foods make me say “YUCK”
I let you know what I need:

- verbally
- with pictures
- mixture of words and gestures
- with a communication device
- signing
- Other ________________________________

Some important words I know are:

____________________________________

____________________________________

____________________________________

I would like to work on:

- having confidence in myself
- expressing my wants and needs
- using new words
- talking in complete sentences
- taking turns in conversation
- matching pictures and words
- ________________________________
I can do these things by myself:
(I might need a little help)

<table>
<thead>
<tr>
<th>When I do this:</th>
<th>You can help me by:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wash my face</td>
<td></td>
</tr>
<tr>
<td>Feed myself</td>
<td></td>
</tr>
<tr>
<td>Drink from a cup</td>
<td></td>
</tr>
<tr>
<td>Use the bathroom</td>
<td></td>
</tr>
<tr>
<td>Put my clothes/jacket on</td>
<td></td>
</tr>
</tbody>
</table>

Other important notes:
SOCIAL SKILLS

Here is some information so you will know a little more about me!

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 take turns and give up things —
   _____ never (this is hard for me)
   _____ sometimes
   _____ most of the time
   _____ __________________________________________

4. You can help me feel included by —
   _____ recognizing me when I am engaged in an activity
   _____ discreetly prompting and assisting me if you notice I’m not participating appropriately
   _____ pairing me with a peer buddy for activities
   _____ __________________________________________

Please help me to learn how to get better at:
   _____ getting along with others (taking turns, sharing, listening)
   _____ using my voice properly (not yelling, not interrupting)
   _____ __________________________________________
   _____ __________________________________________
How You Can Help My Family

It is important to my family to learn how you are helping me at school and to learn from my teachers and therapists ways to help me at home. Working together is a great thing!

- Ask my family to visit my school/classroom to meet my teachers and friends
- Give ideas on how they can help me to learn at home
  Suggest books and videos
- Let my family know when I am doing well
- Be sure to tell my family if there are problems so that you can work together to fix things before they become big

Other things that we would like you to know:

Please tell my family about events and extra activities that are going on at the school at night and on the weekends. They want to let me participate, but I am not always able to tell them about what is happening at school!
Other ideas about how I learn:

☐ Through Hearing  ☐ Through touch

☐ Through Sight    ☐ Through movement

If there is an emergency while I am at school, please call someone from the list below. Please call in the order the names are listed. Thank You!

Name: __________________________________________
Relationship: ___________________________________
Numbers: ____________________  ____________________

Name: __________________________________________
Relationship: ___________________________________
Numbers: ____________________  ____________________

Name: __________________________________________
Relationship: ___________________________________
Numbers: ____________________  ____________________

Name: __________________________________________
Relationship: ___________________________________
Numbers: ____________________  ____________________