

# ABOUT ME - SCHOOL

My Name is:

I am years old:

I was born on:

My eyes are:

I wear glasses:            Yes            No

My hair color is:

I am tall:

I weigh about:

What I like most about me:

I live with:

My Mom's name is:

My Dad's name is:

I have Brother(s): #

My brother(s) names:

I have Sister(s): #

My sister(s)name(s):

Other people who live at my house:

My address is:

My Phone Number is:

Mom works at:

Her work phone number is:

Dad works at:

His work phone number is:

Things I like to do with my family:

## SOME MORE ABOUT ME

I have pet(s): #

My pet(s) type & name(s):

This is how I take care of my pet:

My favorite toy or item at home is:

My favorite book is:

My favorite TV show is:

My favorite movie is:

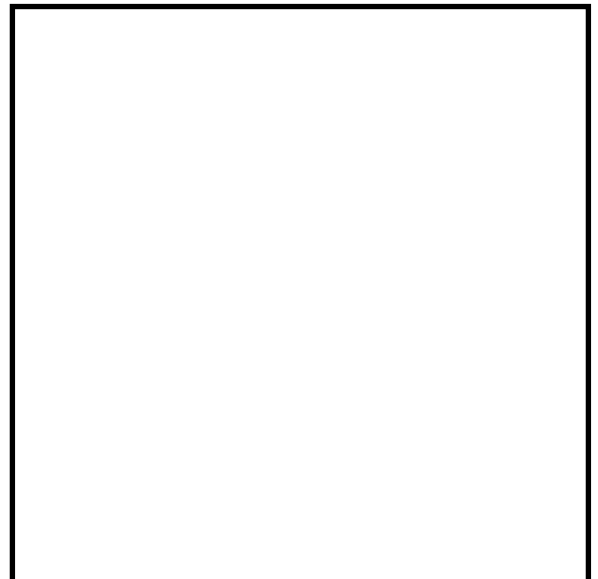
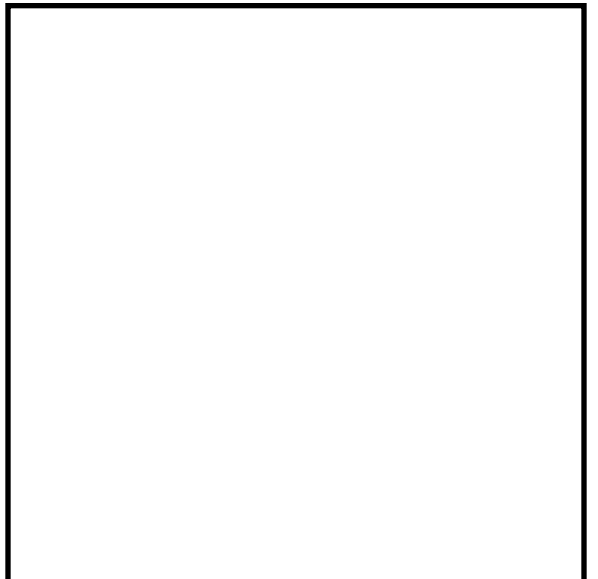
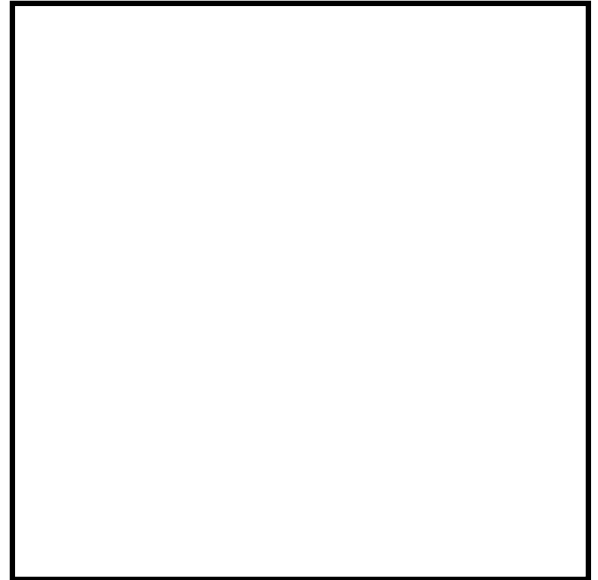
Games I like to play:

Things I like to do by myself:

My friend's names are:

Things I like to do with my friends:

People like to be with me because:



## HERE'S SOME MORE TO TELL YOU ABOUT ME

I let others know when I need something by:

? talking

? gestures

? sign language

? pictures

? other

It will help me to understand what you are saying if:

If you do not understand me, please:

My favorite food is:

I am on a special diet:

Yes

No

My diet is:

I need assistance to eat or drink: Yes

No

Equipment I use to eat or drink:

I am able to go to the bathroom by myself: Yes

No

I will let you that I have to go to the bathroom by:

I may need your help with:

When it is time to get washed and cleaned up:

# THERE IS A LOT I WANT TO TELL YOU ABOUT ME

I attend afterschool care at:

My favorite thing to do there is:

I have a babysitter:                      Yes                      No

The babysitter's name is:

Things I do with my babysitter:

I attend these types of activities: (list type, title, how often)

When I am at home I like to:

When I play outside I like to:

When I play inside I like to:

When I feel happy I like to:

When I feel sad I like to:

When I feel angry I sometimes:

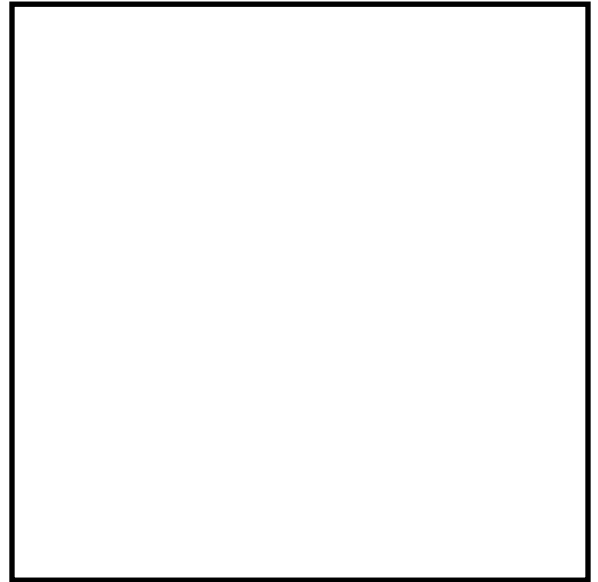
When I am upset I sometimes:

Things I am learning to do by myself:

These are the things I need some help with:

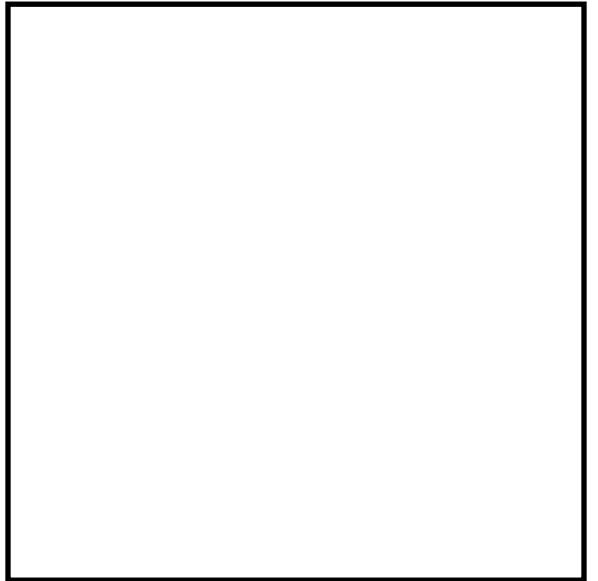
# I WANT YOU TO GET TO KNOW ME

My talent(s):



My hobby(s):

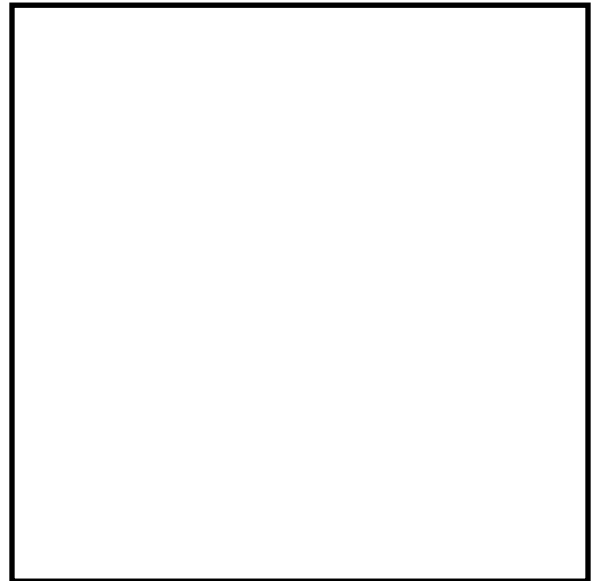
These things interest me:



These are the places I like to go:

These things challenge me:

When I pretend I:



When I self-talk I:

# THINGS YOU HAVE TO KNOW ABOUT ME

My health is:

My vision is:

My hearing is:

To get around, I use (equipment - describe):

I am able to use my equipment by myself:      Yes      No

You may need to help me with:

I am allergic to: (List food & medication allergies with reactions and action to take)

Signs when I am not feeling well:

I handle change:

I need extra time:

When I behave like this \_\_\_\_\_ I am \_\_\_\_\_ (make a list)

## **MY PARENT WANTS YOU TO KNOW...**

My child amazes me when:

My child's qualities:

My hope for my child:

My goal for my child this year is:

My greatest fear for my child:

Organizations that support our family:

This year - I want my child's experience of school to be:

Academically:

Functionality:

Socially:

At the end of the school day I would like to know:

At the end of the school week I would like to know:

At the end of each grading period I would like to know:

Mid-year I would like to know:

## EXTRA STUFF ABOUT ME