

# ***OAFCCD Parents as Partners***

*Helping Parents of Young Children with Special Needs  
to Develop Effective Partnerships with Schools*



## **All About Me Information Booklet**

Funding for this program has been provided by the  
Ontario Trillium Foundation



# About Me

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## THIS IS ME!

My Name is: \_\_\_\_\_

I am \_\_\_\_\_ years old.

I was born on: \_\_\_\_\_

My eyes are: \_\_\_\_\_ I wear glasses: Yes\_\_ No \_\_

My hair colour is: \_\_\_\_\_

I am \_\_\_\_\_ tall. I weigh about: \_\_\_\_\_

I have some outstanding features: \_\_\_\_\_

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# THIS IS MY FAMILY

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My Mom is: \_\_\_\_\_

My Dad is: \_\_\_\_\_

I have \_\_\_\_\_ Brother(s)

The name of my brother(S) is: \_\_\_\_\_

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I have \_\_\_\_\_ Sister(s)

The name of my sister(s) is: \_\_\_\_\_

Other people who live at my house: \_\_\_\_\_

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My address is: \_\_\_\_\_

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My Phone Number is: \_\_\_\_\_

Dad works at: \_\_\_\_\_

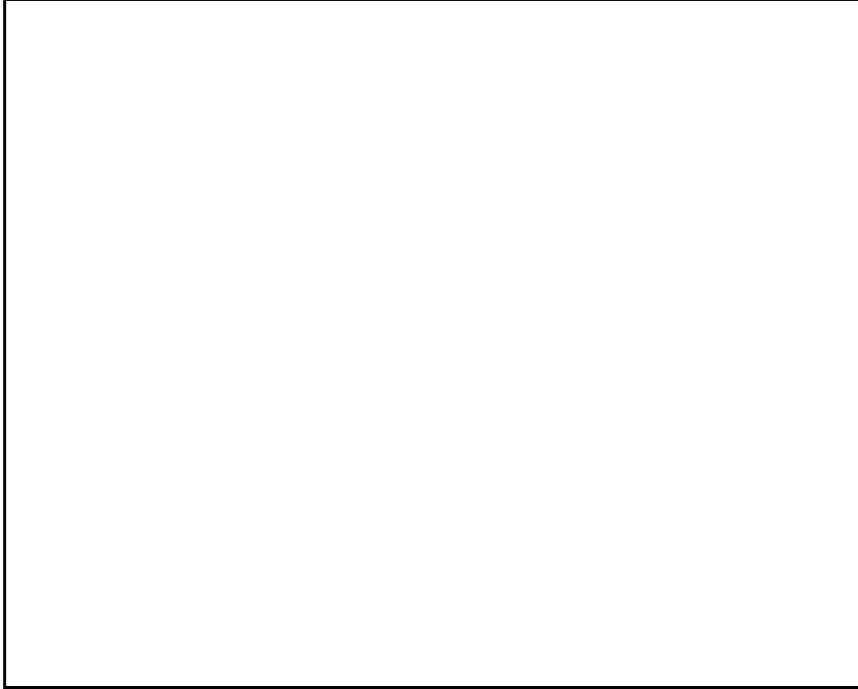
His work phone number is: \_\_\_\_\_

Mom works at: \_\_\_\_\_

Her work phone number is: \_\_\_\_\_

## More About Me

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This is a picture of me and my family.

I have a pet.                    ? Yes                    ? No

My pet is a: \_\_\_\_\_

My pet's name is: \_\_\_\_\_

Everyday we like to: \_\_\_\_\_

My other pets are: \_\_\_\_\_

# My Favorite Things

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My favourite toy is: \_\_\_\_\_

My Favourite book is: \_\_\_\_\_

My favourite TV program is: \_\_\_\_\_

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Games I like to play: \_\_\_\_\_

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Things I like to do with my family: \_\_\_\_\_

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Things I like to do by myself: \_\_\_\_\_

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My Friends are: \_\_\_\_\_

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Things I like to do with my friends: \_\_\_\_\_

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People like to be with me because: \_\_\_\_\_

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## MY LIFE

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I let others know when I need something by:

- |  |                                   |
|--|-----------------------------------|
| <input type="checkbox"/> talking       | <input type="checkbox"/> gestures |
| <input type="checkbox"/> sign language | <input type="checkbox"/> pictures |
| <input type="checkbox"/> symbols       | <input type="checkbox"/> bliss    |
| <input type="checkbox"/> other         |                                   |

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

- You get my attention
- You let me see your face
- You speak slowly
- You speak clearly
- you

If you do not understand me, please: \_\_\_\_\_

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My favourite food is:

I am on a special diet: YES \_\_\_\_\_ No \_\_\_\_\_

My diet is: \_\_\_\_\_

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I need assistance to eat or drink: YES \_\_\_\_ No \_\_\_\_

Equipment I use to eat or drink: \_\_\_\_\_

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## My Social Life

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I attend the Preschool/Child Care: \_\_\_\_\_

I have a babysitter:           ? Yes           ? No

The babysitter's name is: \_\_\_\_\_

I attend this program:

? Everyday

? Once a week

? Mornings only

? Several times a week

? Afternoon only

? Occasionally

When I am at home I like to: \_\_\_\_\_

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When I play outside I like to: \_\_\_\_\_

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When I play inside I like to: \_\_\_\_\_

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When I feel happy I like to: \_\_\_\_\_

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When I feel sad I like to: \_\_\_\_\_

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When I feel angry I sometimes: \_\_\_\_\_

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When I am upset I sometimes: \_\_\_\_\_

# Things I am learning to do by myself

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When I am getting dressed, I need some help with:

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If I need to go to the bathroom, I will:

Go by myself:      YES \_\_\_\_\_      NO \_\_\_\_\_

Let you know by: \_\_\_\_\_  
\_\_\_\_\_

I need your help with: \_\_\_\_\_

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I am still wearing diapers:      YES \_\_\_\_\_      NO \_\_\_\_\_

When it is time to get washed and cleaned up, I am:

Totally independent:

I need some help:      YES \_\_\_\_\_      NO \_\_\_\_\_

These are some of the other things I am learning to do:

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## My interests and habits

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Things I like to do:

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|-------------------------|------------------------|
| ? playing store         | ? watching sports      |
| ? playing outside       | ? reading books        |
| ? running and jumping   | ? crafts               |
| ? pretending and acting | ? singing              |
| ? listening to music    | ? drawing pictures     |
| ? swimming              | ? soccer               |
| ? computer              | ? talking on the phone |
| ? shopping              | ? Horseback riding     |
| ? baseball              | ? basketball           |

Other things I like to do are:

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Places I like to go:

- |                  |                        |
|------------------|------------------------|
| ? the library    | ? the park             |
| ? the movies     | ? to visit friends     |
| ? the arena      | ? the community centre |
| ? to restaurants | ? shopping             |
| ? the mall       | ? the swimming pool    |

Other places I like to go are:

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Things I find difficult:

- |                         |                    |
|-------------------------|--------------------|
| ? steps/stairs          | ? uneven ground    |
| ? cutting with scissors | ? holding a crayon |
| ? loud noises           | ? bright lights    |
| ? crowded spaces        | ? being alone      |

Other things that are difficult:

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# Medical Information

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Health Card Number:

Family Doctor: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Specialists or other Health People:

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

My vision is: \_\_\_\_\_

My hearing is: \_\_\_\_\_

To get around, I use: \_\_\_\_\_

I need the following equipment: \_\_\_\_\_

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I am allergic to:(List)

Food \_\_\_\_\_

Drugs \_\_\_\_\_

Other \_\_\_\_\_

This is how I react: \_\_\_\_\_

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You will need to: \_\_\_\_\_

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## Extra Medical Information

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I have had the following immunizations:

? Diphtheria	Date: _____		
? Pertusis	Date: _____		
? Tetanus	Date: _____	?	
? Polio	Date: _____		?
? Measles	Date: _____		?
? Mumps	Date: _____	?	
? Rubella	Date: _____		
? Hepatitis	Date: _____		

I have not had all my immunizations because:

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I have these health problems:

? Asthma	? Allergies
? Breathing problems	? Skin problems
? Heart problems	? Seizures

Other: \_\_\_\_\_

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I need special equipment: (Describe) \_\_\_\_\_

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

You may need to help me with: \_\_\_\_\_

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# Our Family Values and Vision

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My greatest dream for my child is:

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My greatest fear for my child is:

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I most value: \_\_\_\_\_

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My goals for my child are: \_\_\_\_\_

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When my child goes to school I would like to see:

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When my child comes home from school I would like to see:

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