

OAFCCD Parents as Partners

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

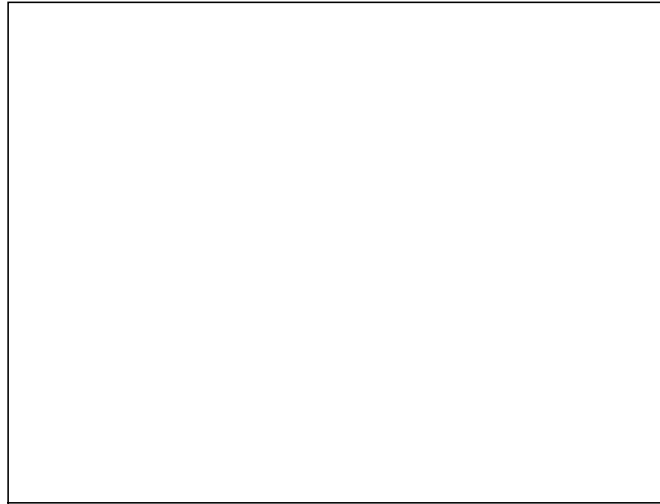


All About Me Information Booklet

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



About Me



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: _____

THIS IS MY FAMILY

My Mom is: _____

My Dad is: _____

I have _____ Brother(s)

The name of my brother(S) is: _____

I have _____ Sister(s)

The name of my sister(s) is: _____

Other people who live at my house: _____

My address is: _____

My Phone Number is: _____

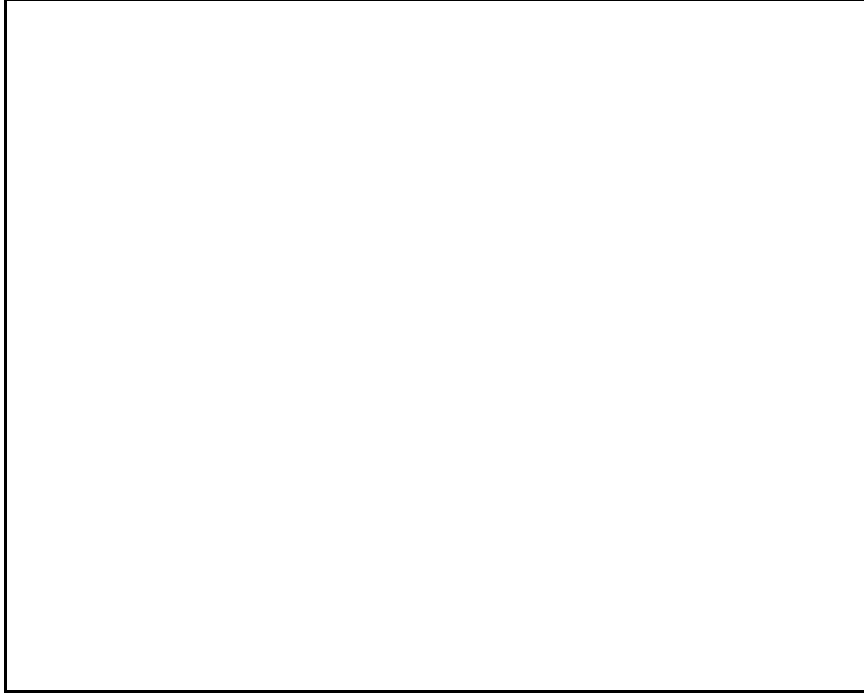
Dad works at: _____

His work phone number is: _____

Mom works at: _____

Her work phone number is: _____

More About Me



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

My favourite toy is: _____

My Favourite book is: _____

My favourite TV program is: _____

Games I like to play: _____

Things I like to do with my family: _____

Things I like to do by myself: _____

My Friends are: _____

Things I like to do with my friends: _____

People like to be with me because: _____

MY LIFE

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: _____

My favourite 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: _____

My Social Life

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: _____

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

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

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

Go by myself: YES _____ NO _____

Let you know by: _____

I need your help with: _____

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:

My interests and habits

Things I like to do:

- | | |
|-------------------------|------------------------|
| ? 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:

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:

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:

Medical Information

Health Card Number:

Family Doctor: _____ Phone No.: _____

Specialists or other Health People:

Name: _____ Phone No.: _____

Name: _____ Phone No.: _____

Name: _____ Phone No.: _____

Name: _____ Phone No.: _____

My vision is: _____

My hearing is: _____

To get around, I use: _____

I need the following equipment: _____

I am allergic to:(List)

Food _____

Drugs _____

Other _____

This is how I react: _____

You will need to: _____

Extra Medical Information

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:

I have these health problems:

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

Other: _____

I need special equipment: (Describe) _____

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

You may need to help me with: _____

Our Family Values and Vision

My greatest dream for my child is:

My greatest fear for my child is:

I most value: _____

My goals for my child are: _____

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

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