OAFCCD *Parents as Partners*

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

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*All About Me*

*Information Booklet*

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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: _______________________

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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:

? talking
? sign language
? symbols
? other

? gestures
? pictures
? bliss

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: ____________________

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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  ? playing outside
? running and jumping  ? pretend and acting
? listening to music  ? swimming
? 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.:________
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:

_____________________________________________________

_____________________________________________________