All About Me
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All About Me

Name: ____________________________________________________

I am ________________________________________________________ years old.

I was born __________________________________________________.

I go to school at ______________________________________________

My teacher’s name is __________________________________________.

My favourite people ____________________________________________

Other programs I attend: _______________________________________
This Is My Family

(pictures if available)

My Mom is __________________________

My Dad is __________________________

Other _______________________________

I have ________ brother(s)

____________________________________

____________________________________

____________________________________

I have _________ sister(s)

____________________________________

____________________________________

____________________________________

Other People Who Live At My House

____________________________________

We live at: ___________________________

____________________________________

And this is how you get there: _____________

____________________________________

____________________________________

____________________________________

Our phone number is: _____________________
All About Me

Emergency Names & Numbers

Parents: _____________________________ Work Number: _________
_______________________________ Work Number: _________

Person (s) to be called in an emergency: (relationship)
1. _________________ 2. _________________ 3. _________________
   _________________ 2. _________________ 3. _________________
   _________________ 2. _________________ 3. _________________

Family Doctor Name: ______________________ Phone No: ___________

Specialists: 1. ______________________________________________
2. _____________________________
3. _____________________________

Hospital Preferred: __________________________________________

Phone No: ___________________ Ambulance No: ___________________

Poison Control Centre: _______________ Police: ___________________

Fire: ______________________

Where Parents Can Be Reached:
1. _________________ 2. _________________ 3. _________________
   _________________ 2. _________________ 3. _________________
   _________________ 2. _________________ 3. _________________
4. _________________ 5. _________________ 6. _________________
   _________________ 5. _________________ 6. _________________
   _________________ 5. _________________ 6. _________________
All About Me

Medical Information

OHIP: ________________________________

Doctor - Family:   Name: ________________________________

       Phone No: ______________________________________

Specialist:       Name: ________________________________

       Phone No: ______________________________________

Dentist:         Name: ________________________________

       Phone No: ______________________________________

Other Agencies Involved In The Care Of The Child:

<table>
<thead>
<tr>
<th>Agency</th>
<th>Contact Person</th>
<th>Phone No.:</th>
</tr>
</thead>
<tbody>
<tr>
<td>i)</td>
<td>______________________</td>
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<td>ii)</td>
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<td>iii)</td>
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<td>iv)</td>
<td>______________________</td>
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<tr>
<td>v)</td>
<td>______________________</td>
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</tbody>
</table>

Medications:

<table>
<thead>
<tr>
<th>Name of Drugs</th>
<th>Dosage</th>
<th>Time Taken</th>
<th>Before, After or With Meal</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

Is person independent in taking drugs:  o Yes  o No

How are drugs usually taken? ____________________________

Do drugs need to be crushed? ____________________________
All about me

Medical Information – Continued

Person to call for a drug refill: Name: ____________________________

                                   Phone No: ____________________________

Have you made arrangements for sufficient supply? __________________

Does your child have any drug allergies:       o Yes       o No

Please explain: ______________________________________________

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

Are there any precautions with giving drugs to your child? ___________

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
All About Me

Date of last physical: _________________________________________

Last Immunization: __________________________________________

Vision: ____________________________________________________

Hearing: __________________________________________________

Mobility: __________________________________________________

Respiratory: _______________________________________________

Diabetes: _________________________________________________

Heart Condition(s): __________________________________________

Skin Care: _________________________________________________

Does your child have a shunt?: ________________________________

Allergies: Food: ____________________________________________

Other: ____________________________________________________
All About Me

More Medical Information About Me - Continued

Seizures: (explain in detail, frequently, etc.)

Absence (Petit Mal):

Tonic-Clonic (Grand Mal):

Complex-Partial (Psycho Motor):

Other:

Are there any special health conditions which would limit your child’s participation in any activities?

Special equipment and needs: (i.e. braces, wheelchair)
All About Me

Communication

I communicate: verbally: ________________________________
by using signs: ________________________________
by using bliss: ________________________________
by using gestures: ________________________________

________________________________________________________________________

I make my needs known by: ________________________________
________________________________________________________________________
________________________________________________________________________

My special words, signs, gestures are: ________________________________
________________________________________________________________________
________________________________________________________________________

I ________________________________verbal instructions.
understand/do not understand

Other information: ________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
All About Me

I Like To Eat

Breakfast: Foods: ____________________________________________

Time: __________

Lunch: Foods: ____________________________________________

Time: __________

Dinner: Foods: ____________________________________________

Time: __________

Snacks: Times: ________________________ Foods: ____________

______________ ________________

I need assistance to eat: ______________________________________

_________________________________________________________

Equipment I use to eat: ______________________________________

_________________________________________________________
All About Me

I Like To Eat

Some foods I eat require special preparation. (i.e. mashed, pureed, cut up and finely) __________________________________________________________
____________________________________________________________________
____________________________________________________________________

Length of time it takes me to eat __________________________________________
____________________________________________________________________

I __________________ prone to choking spells.
   am/am not

I must not eat __________________________________________________________
____________________________________________________________________

BEVERAGES I LIKE:

Milk ___________    Juice ___________    Coffee ___________
Chocolate Milk ___________    Pop__________    Tea ___________
Hot Chocolate ___________    Water_________    Other __________

SNACK FOOD I CAN HAVE:

Potato Chips _____    Raisins _____    Ice Cream _____    Yogurt _______
Cookies _____    Nuts ______    Pudding _______    Fruit _________
Candy _______    Crackers _____    Jello ________    Gum ________
Cereal _______    Cheese _______    Apple Sauce _______    Chocolate ___
Other ________    _________________    ________________    ___________
All About Me

Bedtime

My usual time for bed is ________________, and I wake up at ________________ in the morning.

I ____________________________ wake up at night.

sometimes/almost never

I ____________________________ assistance during the night.

require/do not require

I ____________________________ repositioning during the night.

need/do not need

When I visit I will bring my special toy ____________________________ and I like to sleep with it.

I sleep in a ____________________________.

bed/crib

I like to have my bedroom door ________________ and the light ________.

open/shut on/off

I ____________________________ wet the bed.

sometimes/never

During the day I have a rest at ________________________________.

Other helpful things to know: ___________________________________

_________________________________________________________

_________________________________________________________

_________________________________________________________
**All About Me**

**My Daily Life**

When I’m getting dressed: I need some help with __________________________
_____________________________________________________________________
_____________________________________________________________________

I can do everything on my own. _________________________________________

If I need to go to the bathroom I will:
Go by myself: __________________  Let you know by: ___________
_____________________________________________________________________

Need your assistance with _____________________________________________
_____________________________________________________________________
_____________________________________________________________________

I’m still wearing diapers _______________________________________________

When it comes to personal hygiene, I am totally independent ____________
Need some help ______________
1. Bathing ____________________________
2. Washing hands and face _________________
3. Brushing teeth _________________________
4. Combing/Brushing hair ___________________
5. Other __________________________________

Sometimes I get upset or angry: _________________________________________
_____________________________________________________________________
_____________________________________________________________________

This is how you can help me during these times: ____________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
All About Me

My Recreation Activities

Objects I like to play with and things I like to do:

<table>
<thead>
<tr>
<th>Toy Cars/Trucks</th>
<th>Play Inside</th>
<th>Coloring</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dolls</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wind-up Toys</td>
<td>Cutting &amp; Pasting</td>
<td></td>
</tr>
<tr>
<td>Puppets</td>
<td>Ride a wing</td>
<td></td>
</tr>
<tr>
<td>Balloons</td>
<td>Teeter Totter</td>
<td></td>
</tr>
<tr>
<td>Whistle</td>
<td>Go Shopping</td>
<td></td>
</tr>
<tr>
<td>Yo-Yo</td>
<td>Watch T.V.</td>
<td></td>
</tr>
<tr>
<td>Play outside</td>
<td>Go for a walk</td>
<td></td>
</tr>
<tr>
<td>Ride bicycle</td>
<td>Water play</td>
<td></td>
</tr>
<tr>
<td>Bubble bath</td>
<td>Play cards</td>
<td></td>
</tr>
<tr>
<td>Blow bubbles</td>
<td>Bake cookies</td>
<td></td>
</tr>
<tr>
<td>Listen to music</td>
<td>Look at a book</td>
<td></td>
</tr>
<tr>
<td>Being read a story</td>
<td>Throw a ball</td>
<td></td>
</tr>
<tr>
<td>Make popcorn</td>
<td>Building blocks</td>
<td></td>
</tr>
<tr>
<td>Play rope</td>
<td>Spend time alone</td>
<td></td>
</tr>
</tbody>
</table>

My favorite toys/objects are: _______________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

My favorite activities are: _________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
**All About Me**

**Sports I Enjoy**

<table>
<thead>
<tr>
<th>Sport</th>
<th></th>
<th>Sport</th>
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<th>Sport</th>
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</thead>
<tbody>
<tr>
<td>Swimming</td>
<td></td>
<td>Skating</td>
<td></td>
<td>Baseball</td>
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<tr>
<td>Fishing</td>
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<td>Tobogganing</td>
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<td>Basketball</td>
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<td>Hiking</td>
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<td>Skiing</td>
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<td>Tennis</td>
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<td>Bowling</td>
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<td>Badminton</td>
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<td>Hockey</td>
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<td>Frisbee</td>
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<td>Volleyball</td>
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<td>Football</td>
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<tr>
<td>Other</td>
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<td>Other</td>
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</tbody>
</table>

**Other information:**

- ____________________________________________________________
- ____________________________________________________________
- ____________________________________________________________

**My favorite T.V. programs are:**

- ____________________________________________________________
- ____________________________________________________________
- ____________________________________________________________

**I am not allowed to watch:**

- ____________________________________________________________
- ____________________________________________________________
- ____________________________________________________________

**Other things I enjoy:**

- ____________________________________________________________
- ____________________________________________________________
- ____________________________________________________________
- ____________________________________________________________
All About Me

My General Behaviour

When it comes to accepting discipline I ______________________________
________________________________________________________
________________________________________________________

Sometimes I lose my temper _________________________________
________________________________________________________
________________________________________________________

My relief provider can deal with this by __________________________
________________________________________________________
________________________________________________________

When I am socializing with my peers _____________________________
________________________________________________________

When I am socializing with others _______________________________
________________________________________________________

Sometimes I am afraid _______________________________________
________________________________________________________
________________________________________________________
<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
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</thead>
<tbody>
<tr>
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