

All About Me

All About Me

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All About Me

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: _____

_____.

All About Me

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. _____

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. _____

4. _____ 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:

Agency	Contact Person	Phone No.:
i)	_____	_____
ii)	_____	_____
iii)	_____	_____
iv)	_____	_____
v)	_____	_____

Medications:

Name of Drugs	Dosage	Time Taken	Before, After or With Meal
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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: Yes No

Please explain: _____

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

All About Me

More Medical Information 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

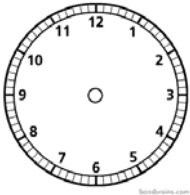
I Like To Eat

Breakfast: Foods:



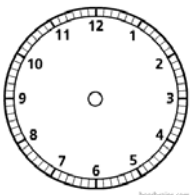
Time: _____

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

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:

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

My favorite toys/objects are: _____

My favorite activities are: _____

All About Me

Sports I Enjoy

Swimming	_____	Skating	_____	Baseball	_____
Fishing	_____	Tobogganing	_____	Basketball	_____
Hiking	_____	Skiing	_____	Tennis	_____
Bowling	_____	Badminton	_____	Hockey	_____
Frisbee	_____	Volleyball	_____	Football	_____
Other	_____	_____	_____	_____	_____

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 _____

All About Me

A Day In The Life Of _____

6:30 _____

7:00 _____

7:30 _____

8:00 _____

8:30 _____

9:00 _____

10:00 _____

10:30 _____

11:00 _____

12:00 _____

1:00 _____

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10:00 _____

