

Insert Child's Picture Here

“All About ME”

Hi! My name is

I am _____ years old



Designed and Produced by:

TNSTEP (Special Education Support for Tennessee Families) www.tnstep.info

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Table of Contents

1. All About Me
2. Table of Contents
3. My Personal Information
4. Special Equipment & Supplies
5. Allergies
6. Medications
7. Special Services (PT, OT, SLP, Transportation)
8. Things That Make Me HAPPY!!
9. When I am "Not-So-Happy" - Tips For When I'm Not Happy
10. My Favorite Things To Do... and Things I Don't Like to Do
11. Favorite Foods/And Not So Favorite Foods
12. Communication
13. Social Skills
14. I Can Do These Things By Myself
15. Other Ideas About How I Learn/Emergency Protocols at School
16. Important People in My Life! (Family)
17. Important Phone Numbers (Doctors/Therapists/etc.)
18. How You Can Help My Family
- 19.-22. Additional Information About Me
23. Contact Information



My Personal Information



My Address:

My Phone Number

Special Equipment & Supplies

Here is a list of special things I will need to use at school.
If you have any questions about how to use or care for these, please call my family. Thanks!



Mobility Devices:

Wheelchair

Walker

Seating Assistance:

Adaptive Chair

Specialized Car Seat

Feeding Equipment:

Plate with Suction

Adapted Utensil

Adapted Cup

Straw

Feeding Tube

Auditory Needs:

Hearing Aids

Amplification System

FM Devices

Visual Aids:

Large Print Glasses

Braille Materials

Reading Pen

ALLERGIES



This section will tell you about:

- *What I am allergic to
- *How I react when I get near these things
- *Ways you can help me feel better

I am allergic to: _____

This is how I react: _____

My eyes water

I sneeze

I have difficulty Breathing

I break out in a rash

My behavior may change

I am allergic to: _____

This is how I react: _____

My eyes water

I sneeze

I have difficulty Breathing

I break out in a rash

My behavior may change

I am allergic to: _____

This is how I react: _____

My eyes water

I sneeze

I have difficulty Breathing

I break out in a rash

My behavior may change

If I have an allergic reaction, you can help me by:



MEDICATIONS



CAUTION! I AM ALLERGIC TO: _____

These are the medications I take:

Name of medicine: _____

Prescribing Doctor and phone #: _____

Reason for Taking Medication: _____

Dosage: _____ When Given: _____

How Given: _____

Side Effects/Special Comments:

- - - - -

Name of medicine: _____

Prescribing Doctor and phone #: _____

Reason for Taking Medication: _____

Dosage: _____ When Given: _____

How Given: _____

Side Effects/Special Comments:

- - - - -

Name of medicine: _____

Prescribing Doctor and phone #: _____

Reason for Taking Medication: _____

Dosage: _____ When Given: _____

How Given: _____

Side Effects/Special Comments:



SPECIAL SERVICES

Here is a list of services I receive. You may talk to my parents if you would like to find out more. You might be able to arrange with my parents to talk to my therapist. Practicing these skills throughout the day will help me master the skills more quickly. Some of these can be done in the classroom.

I am receiving:

Physical therapy from _____

Occupational therapy from _____

Speech therapy from _____

ABA therapy _____

Please be aware of these important nutritional needs:

Transportation Needs:

I get to school by _____

I feel secure and am safe to ride if:

You also need to know these things:





Things That Make Me HAPPY!!

I like it when people smile at me and tell me that I've worked very hard and done a good job!

I like to be rewarded with _____ when I have done well or followed the rules.

I like hugs! You can give me a hug and tell me how good I am doing!

I like stickers and ink stamps. When you put one on my hand it reminds me that I can do well...and just did!

Here are some other things I like very much. You can use them to make me happy and let me know when I have done well!

Music
Stories on Tape, or Being Read To
Movement/Physical Activity

Computer Time
Electronic (Ipad/Tablet)

Other things that make me happy!



When I am "Not-So-Happy"

Here are some hints on what to do when I'm not happy

When I am having trouble sitting still, try this:

If I don't pay attention when you try to show or tell me something you can:

When I am unhappy, I might act like this:

Here are some suggestions that work for my parents when I'm not happy:



Remember that sometimes my behavior is my only way to communicate.

If I'm getting sick I might: _____

If I don't understand, I might: _____

If I am overwhelmed by sounds, I might: _____

Other Good Ideas:

My Favorite Things To Do... and Things I Don't Like to Do....



I really like to:

Read

Be a helper

Listen to music

Draw

I also like to:

Play basketball/sports

Build things



My Favorite Games and Toys:

I don't like:

Loud Games

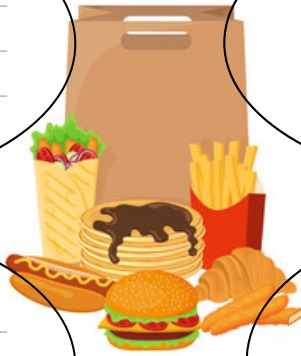
Messy Activities



FAVORITE FOODS:

I really love these foods:





NOT-SO-FAVORITE FOODS:

These foods make me say "YUCK."





COMMUNICATION

I let you know what I need:

verbally

with pictures

mixture of words and gestures

with a communication device

signing

other _____



Some important words I know are:

I would like to work on:

- having confidence in myself
- expressing my wants and needs
- using new words
- talking in complete sentences
- taking turns in conversation
- matching pictures and words



SOCIAL SKILLS

Here is some information so you will know a little more about me!

1. When I am around new people, I —
am shy or afraid
am curious to meet them

2. I like to play —
all by myself
with one friend
with several friends

3. I take turns and give up things —
never (this is hard for me)
sometimes
most of the time

4. You can help me feel included by —
recognizing me when I am engaged in an activity
discretely prompting and assisting me if you notice I'm
not participating appropriately
pairing me with a peer buddy for activities

Please help me to learn how to get better at:

getting along with others (taking turns, sharing, listening)
using my voice properly (not yelling, not interrupting)

I can do these things by myself:
(I might need a little help)

When I do this:	You can help me by:
Wash my face	
Feed myself	
Drink from a cup	
Use the bathroom	
Put my clothes/jacket on	

Other important notes:





Other ideas about how I learn:

Through Hearing

Through touch

Through Sight

Through movement



If there is an emergency while I am at school,
please call someone from the list below. Please call
in the order the names are listed. Thank You!

Name: _____

Relationship: _____

Numbers: _____

Name: _____

Relationship: _____

Numbers: _____

Name: _____

Relationship: _____

Numbers: _____

IMPORTANT PEOPLE IN MY LIFE!



These are people who live with me and/or take care of me and other people that are important to me!

My mom's name is: _____

My dad's name is: _____

My brothers and sisters are:

_____	Age: _____
_____	Age: _____
_____	Age: _____
_____	Age: _____

Other people that are special to me:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

I like to hang out with my friends:





IMPORTANT PHONE NUMBERS

My family and friends know many special, important things about me. Here is a list of people to contact if you need more information about such thing as:

- my medications
- my allergies
- how to talk to me
- how to lift or carry me
- how to feed me

**PLEASE REMEMBER TO ASK MY PARENTS FOR PERMISSION
TO TALK TO OTHERS ABOUT ME!**

Name: _____

What they do for me: _____

Address: _____

Phone Number: _____

Email: _____

Name: _____

What they do for me: _____

Address: _____

Phone Number: _____

Email: _____

Name: _____

What they do for me: _____

Address: _____

Phone Number: _____

Email: _____

Name: _____

What they do for me: _____

Address: _____

Phone Number: _____

Email: _____



How You Can Help My Family



It is important to my family to learn how you are helping me at school and to learn from my teachers and therapists ways to help me at home. Working together is a great thing!

- Ask my family to visit my school/classroom to meet my teachers and friends
- Give ideas on how they can help me to learn at home Suggest books and videos
- Let my family know when I am doing well
- Be sure to tell my family if there are problems so that you can work together to fix things before they become big
- _____

Other things that we would like you to know:



Please tell my family about events and extra activities that are going on at the school at night and on the weekends. They want to let me participate, but I am not always able to tell them about what is happening at school!



For more information contact

TNSTEP
1113 Tusculum Blvd, #393
Greeneville, TN 37745
(423) 639-0125
(800) 280-7837
Español 800-975-2919
gethelp@tnstep.info
www.tnstep.info

To request additional copies of this booklet, please contact:
TNSTEP's Information Coordinator at 800.280.7837 or
email at gethelp@tnstep.info

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