

All about Me



My name is _____
First Middle Last

My nickname is _____

I live at Home School Foster home
 Hospital Other _____

The names of the people in my family are

First	Last	Relationship to me
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other people who know me well are (friends, babysitter, neighbors)

First	Last	Relationship to me
_____	_____	_____
_____	_____	_____
_____	_____	_____

My Pets

My Pet is a _____ Name of Pet _____

My other pet is a _____ Name of Pet _____

Tip:

This form can help providers learn more about your child. It can also teach your child to describe his or her needs, likes, and dislikes. Give your child as much help as he or she needs in filling it out. Update it as your child grows and changes.



All about Me

Child's Name _____

Date of Birth _____

My "Favorites"

Toys _____

Games _____

Hobbies _____

Songs _____

TV Shows _____

Other _____

Things I like to do during my free time

Foods I like are

Foods I don't like are

I usually go to bed at _____ o'clock.

Before bed, I usually _____

Things I need help with are (for example: washing up, brushing teeth, dressing, etc.)

Things I can do myself are _____

