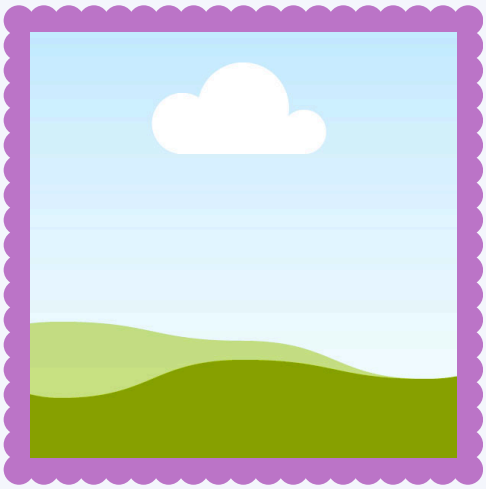
All About Me



My Name: _____

My Birthday: _____

Allergies/Dietary Concerns: _____

_____

_____

Important Health Info: _____

_____

_____

Note from My Caregiver:

I'm really good at:

Sometimes I struggle with:

Some ways you can help me succeed are:

If i'm having a hard time it might look like:

Things that help me cope with big feelings are:

Care Giver Contact Info

Name: _____

Phone: _____

Email: _____

Preferred Contact Method: _____

Best Time to Contact: _____

My Favorites

Foods: _____

Music or Songs: _____

Books/Stories: _____

Activities: _____

People: _____

Interests: _____

Other: _____