



# 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: \_\_\_\_\_