

All About Me



Name: _____

Caregiver's name and contact info: _____

My interests: _____

My strengths: _____

My dislikes: _____

The best way for me to communicate with others (e.g., speaking single words or short phrases; conversational; pictures; writing things down; sign language; assistive device; looking and reaching):

The best way for others to communicate with me (e.g., short phrases; writing information and questions down in short list form; pictures; gestures and showing):

Things that might be hard for me to do without help: _____

Signs that I am getting upset: _____

Things that make me upset: _____

How you can help when I am upset: _____

What calms me down: _____
