

Getting to Know Me

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| My Name: | Nickname: |
| Date of Birth: | Today's Date: |
| A Little About Me: | |
| My Strengths: (things that are easy for me) | |
| My Challenges: (communication, feeding, learning, mobility, social, energy, behavior) | |
| My Life in the Community: (school, childcare, place of worship, my favorite places) | |
| My Home and Family Information: | |
| My Diagnosis (Diagnoses): | |
| My Overall Health: | |
| My Prior Surgeries, Procedures, Lab/Diagnostic Studies: | |