

ALL ABOUT ME

My Name

My Emergency Contact Info

My Birthday

I am _____ years old.

My Picture

I Can Do These Things Independently

My Strengths

What Motivates Me

I Can Do These Things with Some Support

Things that are difficult for me

I Like to Eat

Key Accommodations for Me

These are my Favorite Things

I Do Not Like to Eat

If I am Upset, This Helps

Other Things that are Important to Know About Me

These are the Family-Members I Live With

Allergies and Medical Information