

Getting to Know Me

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)	
Things to Avoid: (food, activities, and procedures)	
Ways You Can be Helpful to Me:	
My Diagnosis (Diagnoses):	
My Overall Health:	
My Equipment/Assistive Technology: (braces/orthotics, walker, wheelchair, communication device, home O ₂ , insulin pump, nebulizer, suction)	
My Current Medicines/Doses:	My Allergies:



Caring for families of children with special needs