

# All About Me

Photograph

Name: .....

## My details

Name: .....

I liked to be called: .....

My Date of Birth is: .....

The school I go to is called: .....

My Key worker is called: .....

I live with: .....

My brothers' or sisters' name

is: .....

## My Disability

My disability is called:

Sometimes I find it tricky when:

The medication I need to take:

My key worker can help me by:

I play best when:

Foods I should not eat are:

My favourite foods are:

My other medical requirements are:

## My Daily Routine

On a school day I usually:

On a weekend I usually:

## Things I like to do

It makes me happy when I go to the:

When I am at home I like to:

I always laugh when:

In the school holidays I like it when:

My favourite toy is:

My best friend is:

## Things I don't really like

To Touch and feel

To Eat

To play

To do

I sometimes get angry or frustrated when:

Some things that help to relieve my stress are: