



Child's Name: _____

Date of Birth: _____

ALL ABOUT ME

My "Favorites":

Toys: _____
Games: _____
Hobbies: _____
Songs: _____
TV Shows: _____
Other: _____

Things I like to do during my free time:

Foods I like are:

Foods I don't like are:

I usually go to bed at: _____ o'clock

Before bed, I usually:

Things I need help with are (for example: washing up, brushing teeth, dressing, etc.)

Things I can do myself are:





Child's Name: _____

Date of Birth: _____

COMMUNICATION

Describe your child's ability to communicate and to understand others. Include sign language, words, gestures, or any equipment or help your child uses to communicate or understand others. Include any special words your family and child use to describe things.

REST / SLEEP

Describe your child's ability to get to sleep and sleep through the night. Describe your child's bedtime routine and any security or comfort objects your child uses.

SOCIAL / PLAY

Describe how your child shows affection, shares feelings, or plays with other children. What works best to get your child to get along or cooperate with others? Describe your child's favorite things to do. Include any special family activities or customs.





Child's Name: _____

Date of Birth: _____

COMMUNICATION INFORMATION

Use this page to record your child's ability to communicate and to understand others. Describe how your child communicates; including sign language words, gestures, or any assistive technology or help your child uses to communicate. Include any special words your family and child use to describe things.

Date	Place of Interaction	Child's means of communication	Types of Assistive Technology	Special Words

Notes: _____





Child's Name: _____

Date of Birth: _____

