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)	
My Life in the Community (School, Childcare, pace of worship, my favorite places)	
Ways That Are Helpful to Me	
Things to Avoid (food, Activities, and procedures)	
My Equipment / Assistive Technology	
Other	