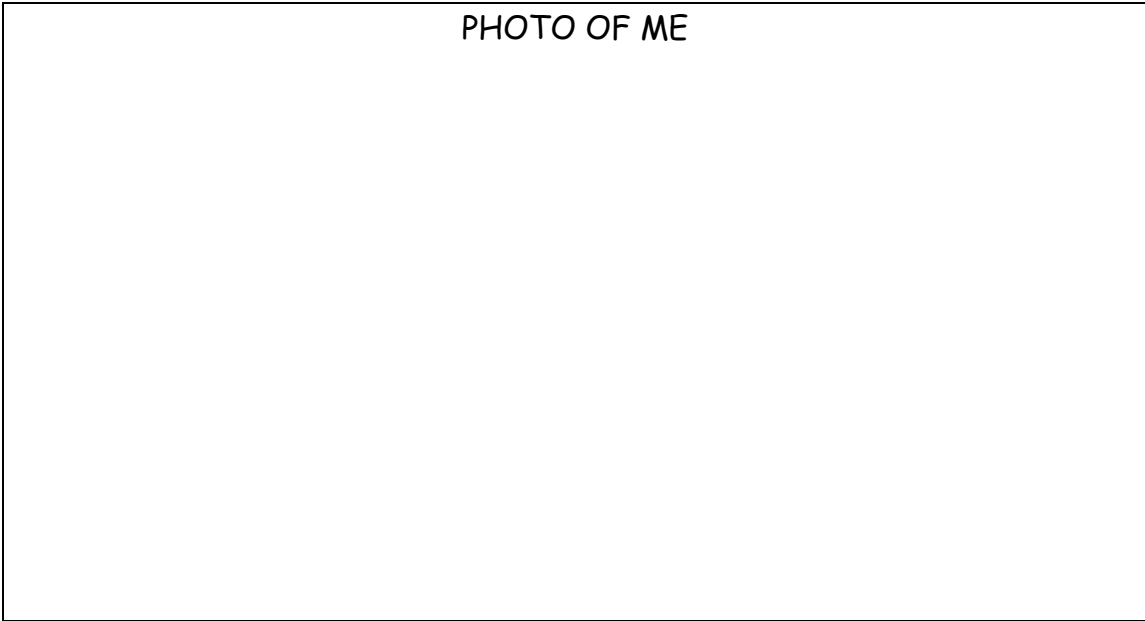


About Me....

PHOTO OF ME



My Name.....

My birthday is on

People who are important to me.....

At home I speak (language).....

Information on my cultural/religious background.....

.....

When you communicate with me please use (eg Makaton, PECS, speak slowly, short sentences etc.)

.....

What do you like to eat and drink?.....

What don't you like to eat and drink?.....

Do you know if you have any allergies or take any medicines?.....

.....

The name, address and phone number of my doctor is

I sometimes go to the hospital and usually see these people

Hospital name and address

My doctors are

These are the names of some other people I see sometimes (eg social worker, health visitor, speech and language therapists, specialist teachers etc.

Some other important medical information about me includes the following (please outline)

I sometimes need help with....

Walking	Eating
Toileting	Behaviour
Hearing	Vision
Other	

What sort of activities do you like to do?	What sort of music/songs/books do you like?
Which programmes do you like to watch on TV?	Which places do you like to visit?

What do you not like (activities/noise/touch etc.)?

If I'm enjoying myself I will show this by

If I am frustrated or unsettled you should

Have you been to a pre-school or day nursery before?

.....

Do you know anybody else who comes here?

.....

Who will be bringing you and picking you up?

.....

Thank you for filling out our form for us. It helps us to get to know you more quickly and understand the things you like and dislike. We hope you have a lovely time here and enjoy coming!

Parent's signature..... Date.....