

All About Me Inventory

Today's Date: _____

Student Name: _____ Reported By: _____

Directions: Please fill out this questionnaire for your child so we can learn more about your child.

Things that make me special	
Special Talents:	Examples: making funny faces, singing
Family Traditions:	Examples: Family movie night, holidays
Funny things I do/how I make people laugh:	
Things I'm good at:	Examples: dancing, painting, smiling
Things that are important to me:	

My house/my room:	Examples: things in my room, pictures, toys, books
My neighborhood:	Examples: going to the park, neighbors
Things my family likes to do:	
Vacation and/or holidays:	Example: summer trips, activities
Things I want/wish for :	Examples: to be a mermaid, projects to do
Things I talk about:	Examples: stories, events, memories, important topics, funny family stories, friends

	Likes	Dislikes	Favorites
People:	Examples: community helpers, people in costume		
Places:			
Foods/Tastes:		Examples: anything in the mouth, bitter	
Sounds:			
Smells:			

	Likes	Dislikes	Favorites
Sensory/Tactile:	Examples: textures, objects		
My favorite physical activities:	Examples: getting into a walker, swimming		
Books:	Examples: characters, pages, pictures		
Games (outside/inside):	Examples: hide and go seek, playing Peter Pan, finger play		
Music :	Examples: songs, artists, types		

	Likes	Dislikes	Favorites
Movies/Television Shows	Examples: characters, songs, specific scenes		
Toys:			
Animals/pets:			
Colors and patterns:			
Articles of clothing:	Examples: shirts, shoes, accessories		

Outside of School

People I see:	
Places I go:	
Things I do:	
What I do when I am not at school:	<p>Examples: weekends, repetitive activities such as hippotherapy, swim therapy, social groups, Special Olympics, TOPPS soccer, Challenger Baseball league, BORP</p>

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Things I am working on:	Examples: writing, eating independently, telling jokes
Things that bug me:	Examples: loud noise, waiting around
Things I need help with:	Examples: fixing my hair, drinking from a cup, throwing a ball
Things I have difficulty with:	Examples: walking up stairs, making new friends
How I tell you I am upset and how you can help calm me:	Examples: a gesture, body movement, facial expression, verbalization
How I tell you when I am uncomfortable or in pain and how you can help me:	Examples: a gesture, body movement, facial expression, verbalization
Things that make me giggle/laugh:	Examples: burps, squeaky sounds, funny faces/jokes

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What is my bedtime routine:	Examples: what time in bed? Bedtime story? Special blanket, toy?
Sleeping habits:	Examples: sleep thru the night? How many hours? Background noise, music? Nightlight? Sleep with parents? Naps?
Morning Routine:	Examples: wakes up easily?, in good mood?, breakfast? Help pick out snacks? Help locate personal items for the day?
Hygiene habits:	Examples: brush teeth, wash face, bath, dressing, help pick out clothes, pajamas
Feeding routine:	Examples: g-tube, self feed with fingers, use utensils, use adapted utensils, adapted chair, slow eater, fast eater, pureed food, bite size food pieces, drink from a cup, use a straw, swallows liquids easily.

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How I tell you when I need to use the toilet:	Examples: a gesture, body movement, facial expression, verbalization
How I tell you when my diaper is soiled:	Examples: a gesture, body movement, facial expression, verbalization
How do I tell you when I am urinating, evacuating bowels:	Examples: grunting, scrunching face, looking away, vocalizations
How do I tell you when I need a break, done with an activity:	Examples: look away, put head down, push away, signs of fatigue
How do I tell you I want or like something?	Examples: smiles?, turns or reaches toward preferred items/people?, uses words?, utterances?, first words?)

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Gross Motor skills:

(sit on floor independently, sit with support such as adapted chair, side sit, mermaid sit, w-sit, criss-cross sit, long sit, hold onto furniture with weight bearing on feet, pull up on furniture, crawl reciprocally with hands, knees, scoot on bottom, wheelbarrow, military crawl on tummy, comments on spastic movement, athetoid movement, ataxic movement, range of motion with hip flexors, adductors, ankle cords, etc.)

Fine Motor skills:

(manipulates puzzles, books, balls, blocks, musical toys, play dough, finger paint, hits switches on electronic toys, drinks from a cup, sippy cup with lid, swallows liquids easily, uses a straw, adapted utensils, waves bye, tracks items with eyes, turns head toward preferred item/person, sways or moves to music, reaches with hand, points with finger, texture preferences, texture aversions, recognizes self in photos, self in mirror, recognizes photos of family members.)

Equipment

	Currently using: list product name/brand:		Equipment trials: List product brand	Purchased by: Private Insurance, Medi-Cal, agency)
power chair	At home	At school		
wheel chair	At home	At school		
speech device mount/ accessories	At home	At school		
stroller	At home	At school		
changing table/ stander	At home	At school		
adapted toilet chair/seat	At home	At school		
adapted chair/seat feeding	At home	At school		
walker	At home	At school		
AFO/braces	At home	At school		
eyeglasses	At home	At school		
other	At home	At school		
other	At home	At school		
other	At home	At school		

Who cares for me at home?

What do I call my guardian?:

What do I call my Mother? (*Mama, Mom, Mommy*):

What do I call my Father? (*Dada, Dad, Papa, Daddy*):

Terms/names for other family members/friends: (*Grandmother, Grandfather, Grandma, Nana, Granny, Abuelita, Papi, Nani, siblings, respite care, recreational assistant, afterschool care, babysitter, etc.*)

What do I call my grandmother?:

What do I call my grandfather?:

What do I call my aunts/uncles?:

What do I call my siblings? What are ages of my siblings?:

What do I call my cousins? What are ages of my cousins?

What do I call my respite care person/nurse?:

What do I call my childcare/afterschool care person?:

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Pediatrician/ Psychiatrists/ Medical Specialists:

Name/ Title/ Specialty/ Agency	address/phone/email
Pediatrician:	

CCS/Speech/Therapists:

Name/ Title/ Agency	address/phone/email
Physical Therapist:	
Occupational Therapist:	
Speech Therapist	
Regional Center Case Manager:	

Medications/dosages/prescribed for what purpose/side effects:

Photos of me and my family:

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