

All About Me

Full Name: _____

I like to be called: _____ Birthday: _____

Parent's Names: _____

Best Way to Contact Parents/Caregivers: _____

Medicines/Allergies/Medical Need to Know Information:

Things that I like:

Insert picture here

Things that I don't like:

My Most Likely List:

Most likely to make me happy: _____

Most likely to make me sad/mad: _____

Most likely to be challenging for me: _____

Most likely to be very helpful for me: _____

