

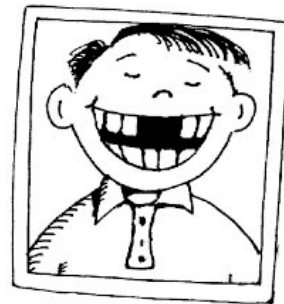
Child Information Sheet

Name & Nickname(s)

Age / DOB

Parent(s) names

Phone / Email



MY PICTURE!

About me: (What I like, favorite activities, movies, animals, who I live with, siblings, etc.)

Blank rounded rectangular area for writing about the child's interests and family.

My Strengths: (things I am good at i.e. sports, social, math, humor, politeness, behavior, singing etc.)

Blank rounded rectangular area for writing about the child's strengths.

I learn best by:

Blank rounded rectangular area for writing about learning preferences.

My challenges: (things I need support in i.e. behavior, academic learning, social skills, mobility, communication etc.)

Blank rounded rectangular area for writing about challenges.

Diagnoses: (how you see them impact your child, include any medical information such as allergies etc.)

Blank rounded rectangular area for writing about diagnoses.

I get upset when... (triggers, things to avoid, interventions which have historically not been successful)

Blank rounded rectangular area for writing about triggers and interventions.

Strategies to help me be successful - (give clear, concrete, concise directions, having a visual schedule, additional time etc.)

Blank rounded rectangular area for writing about successful strategies.

Providers / Agencies I work with:

Blank rounded rectangular area for writing about providers and agencies.