**All about me**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insert a picture of your child or provide us with one

Please use this form to let us know more about your child so we can best support them at play sessions. Please be honest and realistic so appropriate support and activities can be put in place.

 

I prefer to be: In a group [ ]  On my own [ ]

I prefer to be: Assisted to do what I choose [ ]  Given a structured activity [ ]

 Allowed to make my own choices [ ]

**My Hobbies and Interests are:**

Animals [ ]  Gardening [ ]  Sports (Playing) [ ]  Sports (watching) [ ]

Art and Craft [ ]  Cars/buses [ ]  Collecting [ ]  Exercise [ ]

Sociable [ ]  Computing [ ]  Music/singing [ ]  Cooking [ ]

Puzzles/ Board games[ ]  Dancing [ ]  Books [ ]  Film & Cinema [ ]

Other:

**Water activities:**

I like water play [ ]

I require close supervision when in or around water [ ]  (please describe below)

I require individual support when in or around water [ ]  (please describe below)

**Extra Information:**

I will take my clothes off [ ]  I don’t like being touched [ ]  I don’t like loud noises [ ]

There are children that I don’t get on with/ won’t play with [ ]  (Who?) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Personal care**

I can use the toilet independently [ ]  I need to be reminded [ ]

I need to have support with clothing [ ]  I need hoisting [ ]

I need to have support with changing pads [ ]

**Feeding**

I can feed myself independently [ ]  I need support with feeding [ ]

I can sit at a table and eat at a table with others [ ]  I will eat other people’s food [ ]

I have issues with certain types of food [ ]  Which food? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Behaviour**

I can regulate my emotions [ ]  I struggle to manage my emotions [ ]

If I get upset, I can; bite [ ]  scratch [ ]  pinch [ ]  pull hair [ ]

 Grab [ ]  lash out [ ]  screech [ ]  kick [ ]

If I get angry or cross, **these things help to calm me**: Music [ ]  Water [ ]  Go outside [ ]

Quiet time [ ]  DVD [ ]  Sensory time [ ]  Being left alone [ ]

**These things upset me**: Noise [ ]  Being hungry [ ]  Over stimulated [ ]

Being outside [ ]  Not getting my own way [ ]  Being told what to do [ ]

**Communication**

I speak normally and understand well [ ]  I am non-verbal [ ]

I use PECS [ ]  Makaton [ ]  BSL [ ]  Technology based [ ]

I use hearing aids [ ]  I have a personal assistant [ ]

What **school** do you go to? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tell us about the level of support that you get at school:

Other useful information you think we need to know about you:

Date completed: \_\_\_\_\_\_\_\_\_\_\_ Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_