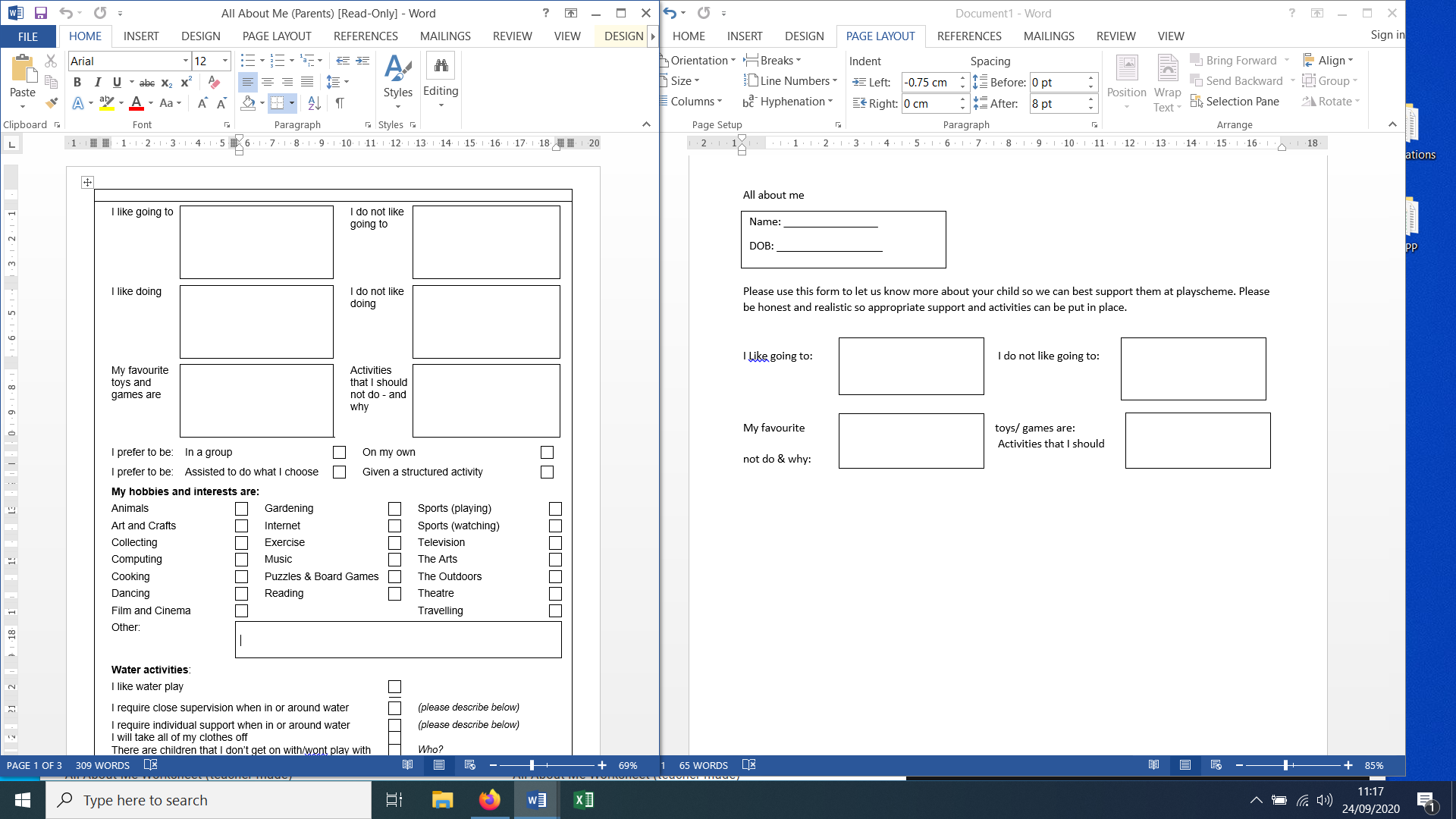
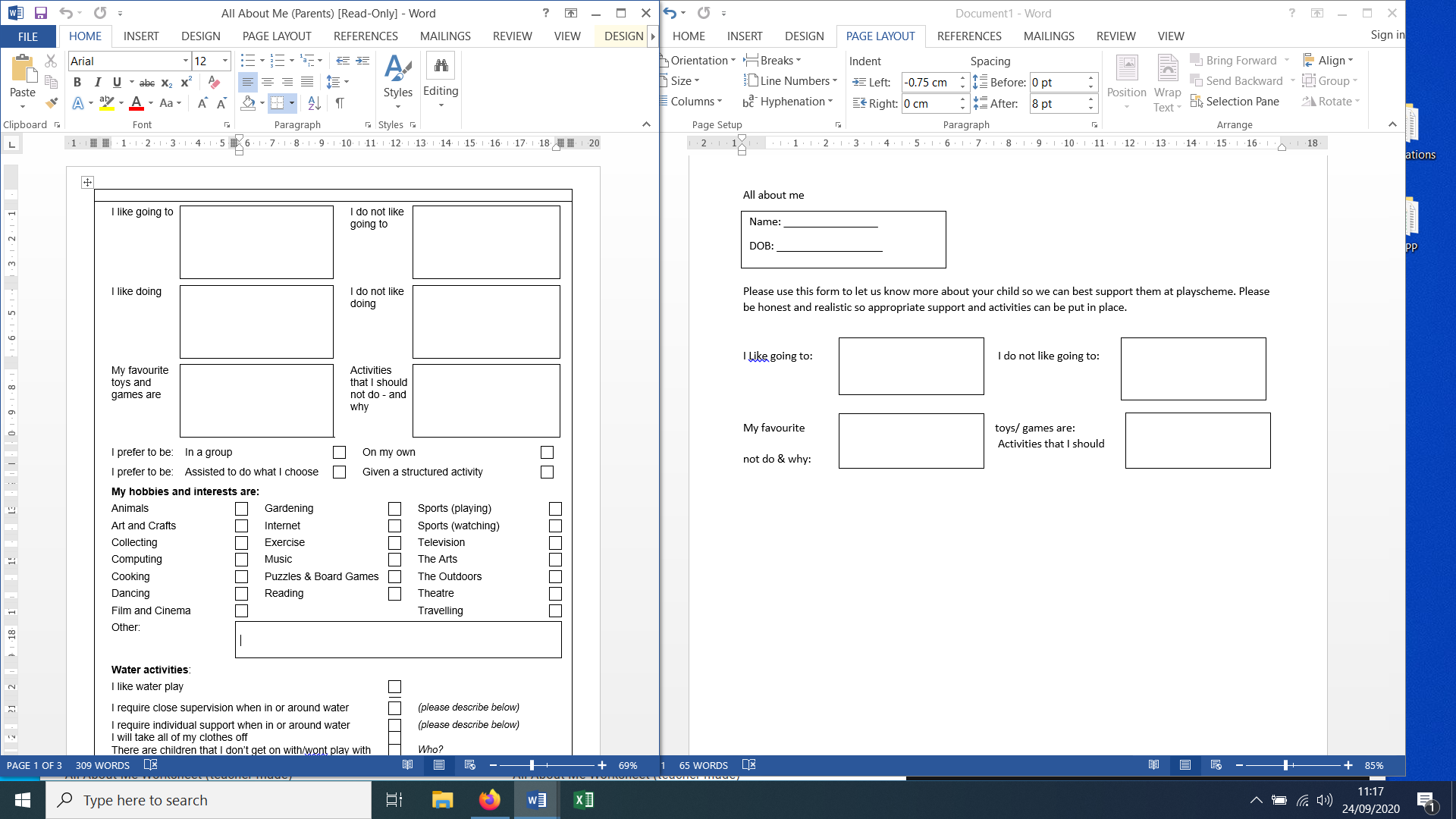
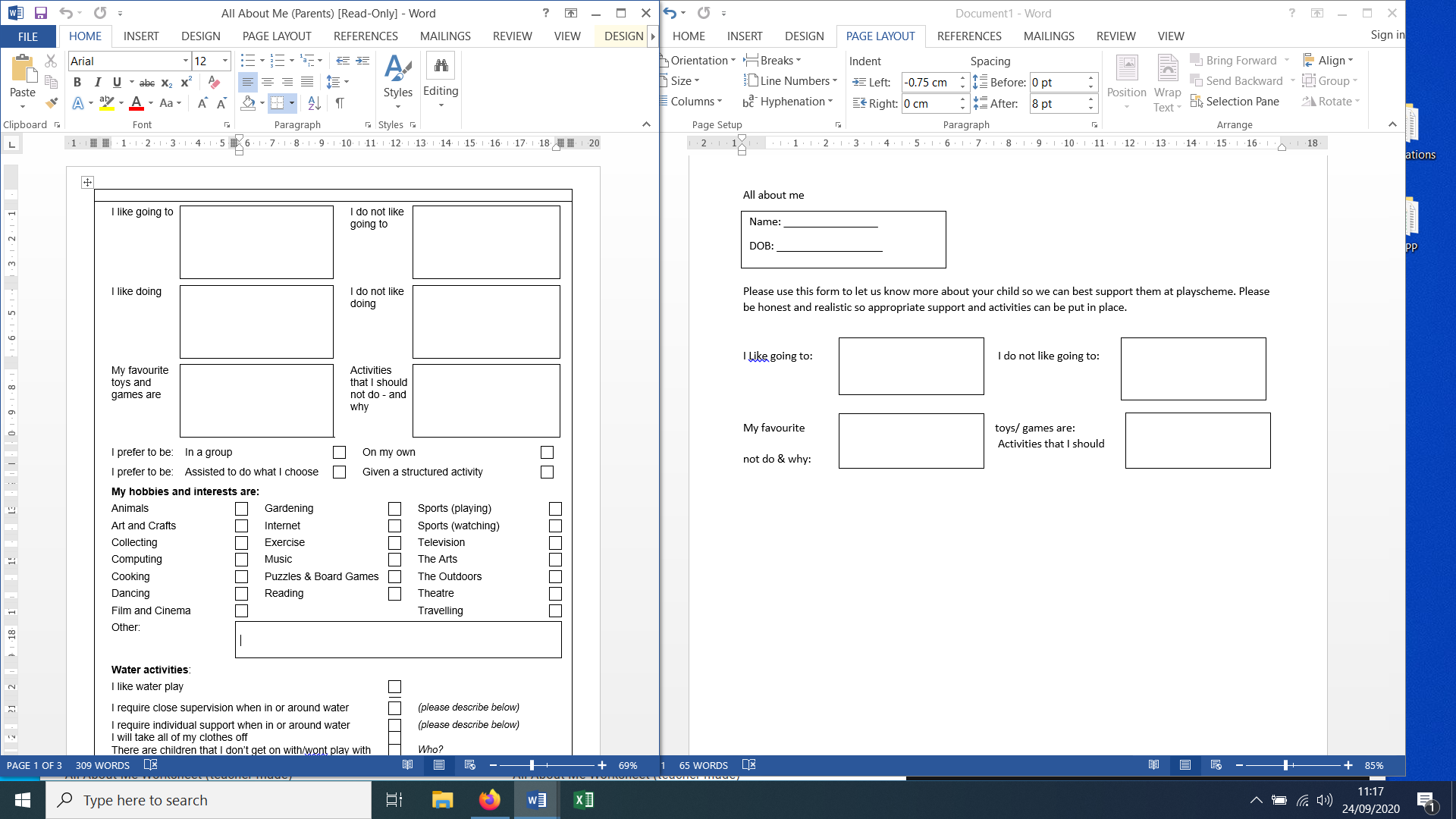
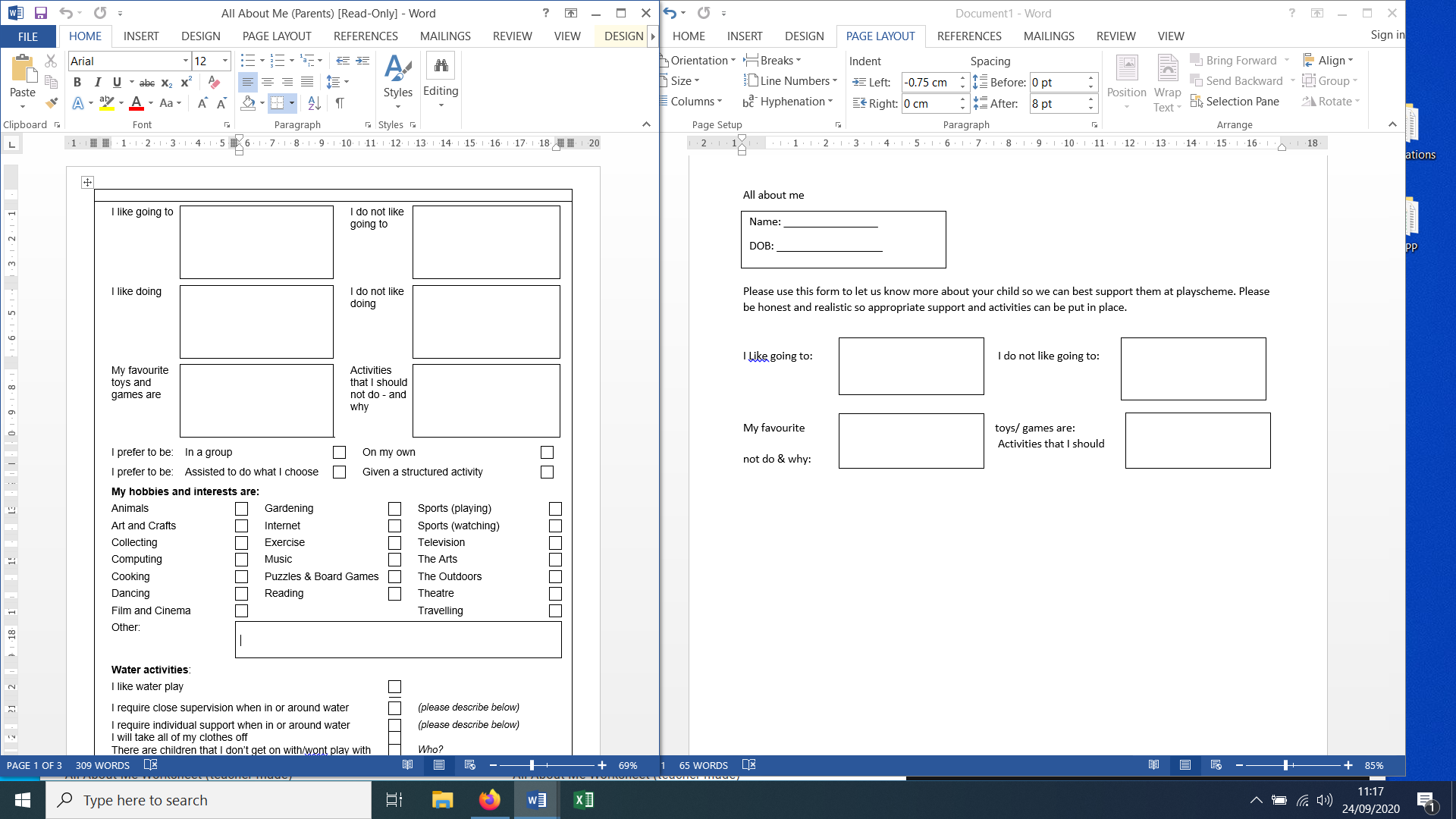
**All about me**

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_