

Child's Name _____

Date: _____

All About Me



1. What are some of your child's favorite toys or activities?



2. What are some of your child's interests? (e.g. books, trains, Disney characters, animals, music, movement, etc..)



3. Who is in your household?



4. What unique responses does your child have to sensory experiences (sound, taste, touch)?



5. What is comforting to your child when he becomes upset?



6. Does your child have any dietary restrictions or allergies?

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7. What things or activities does your child tend to communicate about (verbally and nonverbally)?



8. What activities (if any) does your child do independently?



9. In your experience, what is the best way to play with your child?



10. What is something that you really enjoy about your child?



11. Anything else you'd like to share about your child (or that it would be helpful for us to know)?
