**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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_What Year group are you in?\_\_\_\_\_\_\_\_\_\_

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