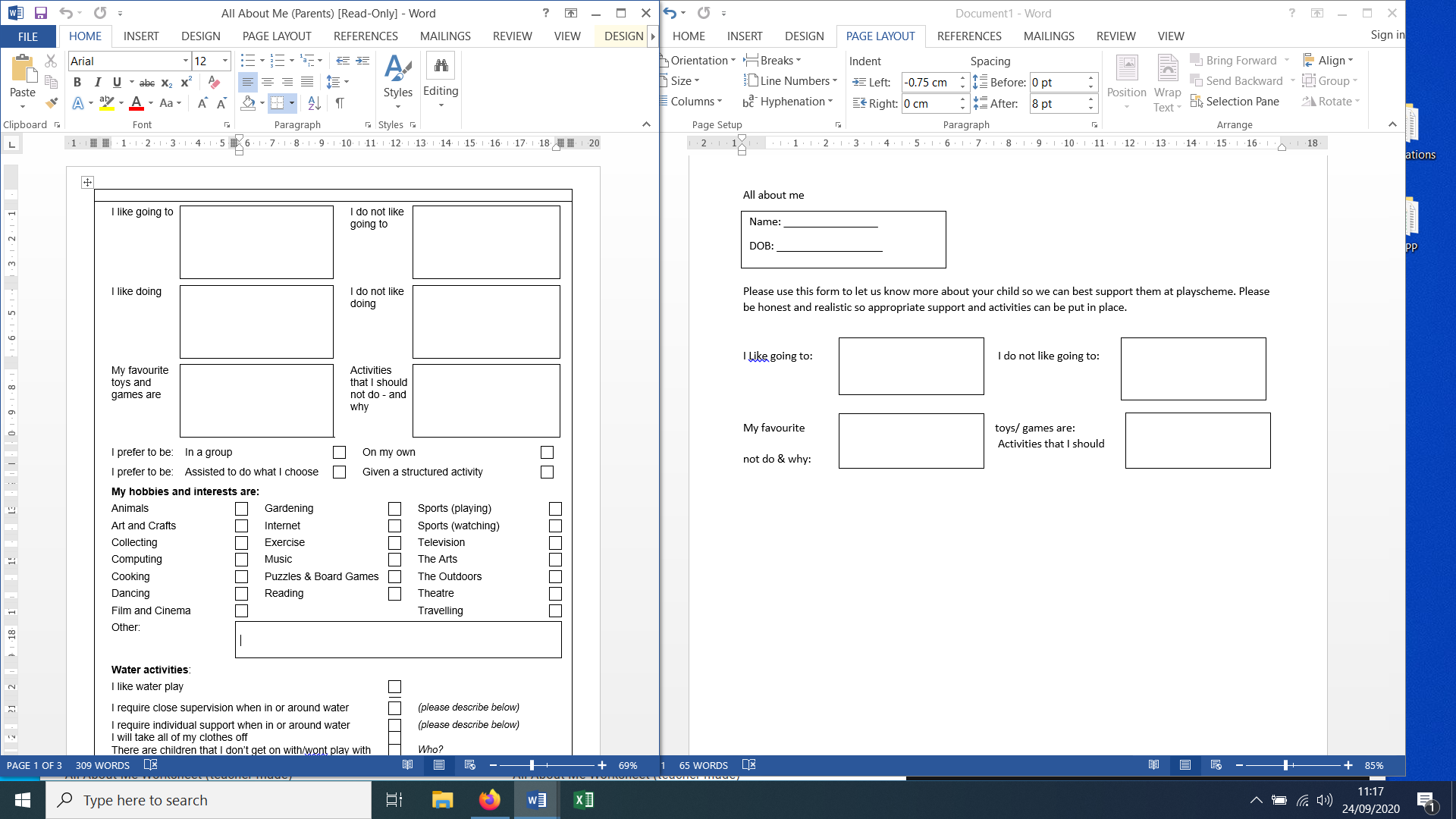
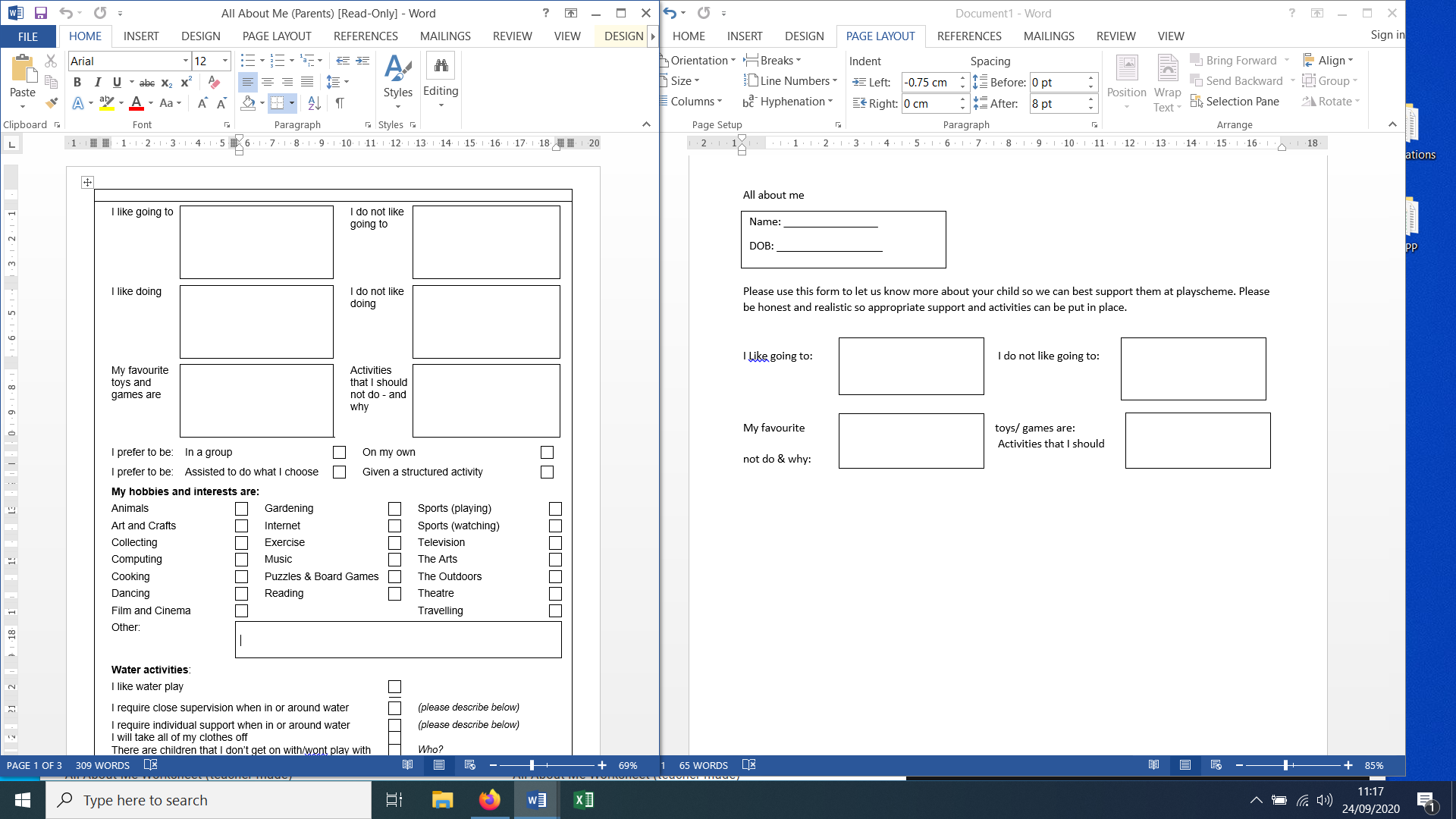
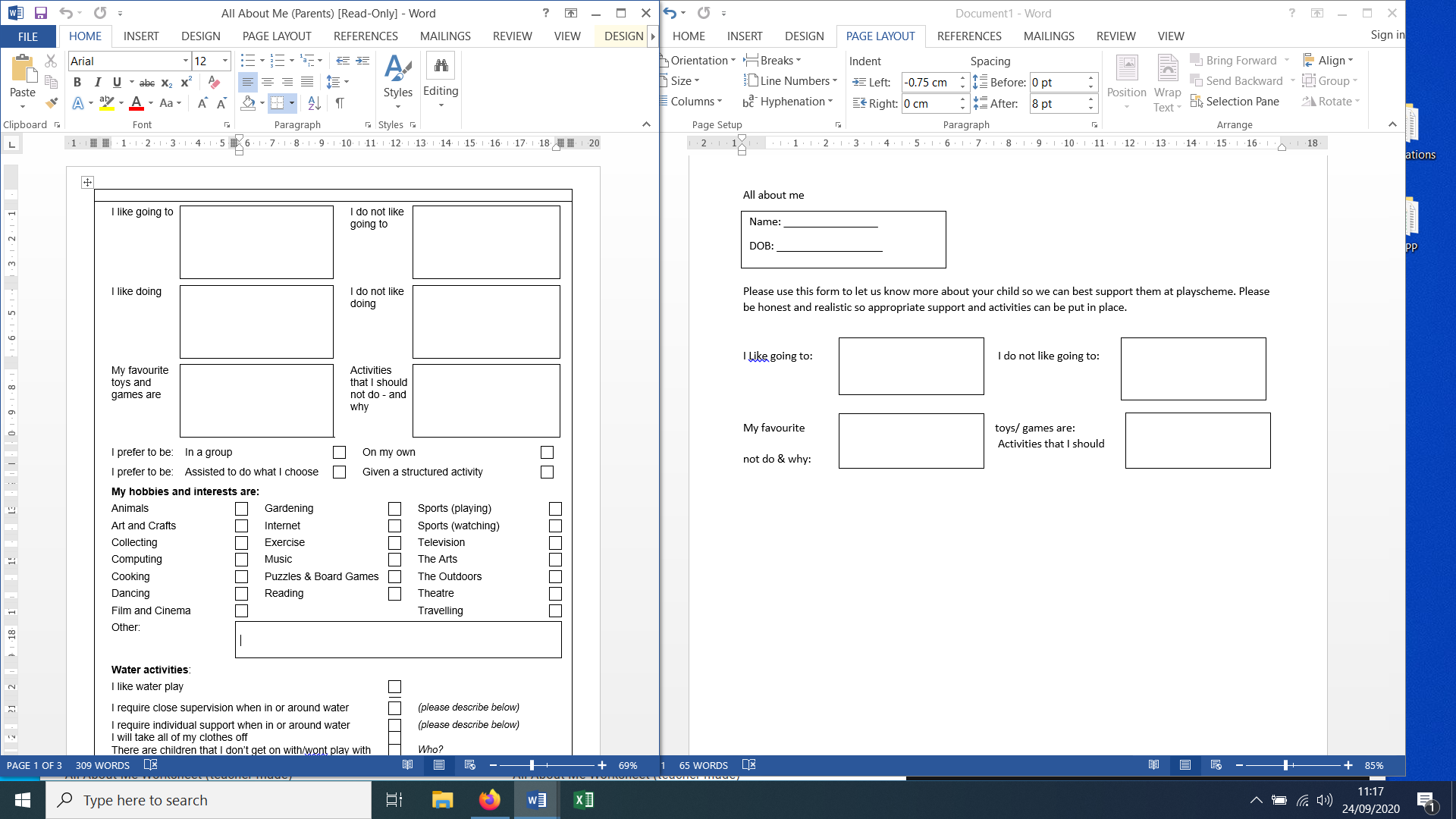
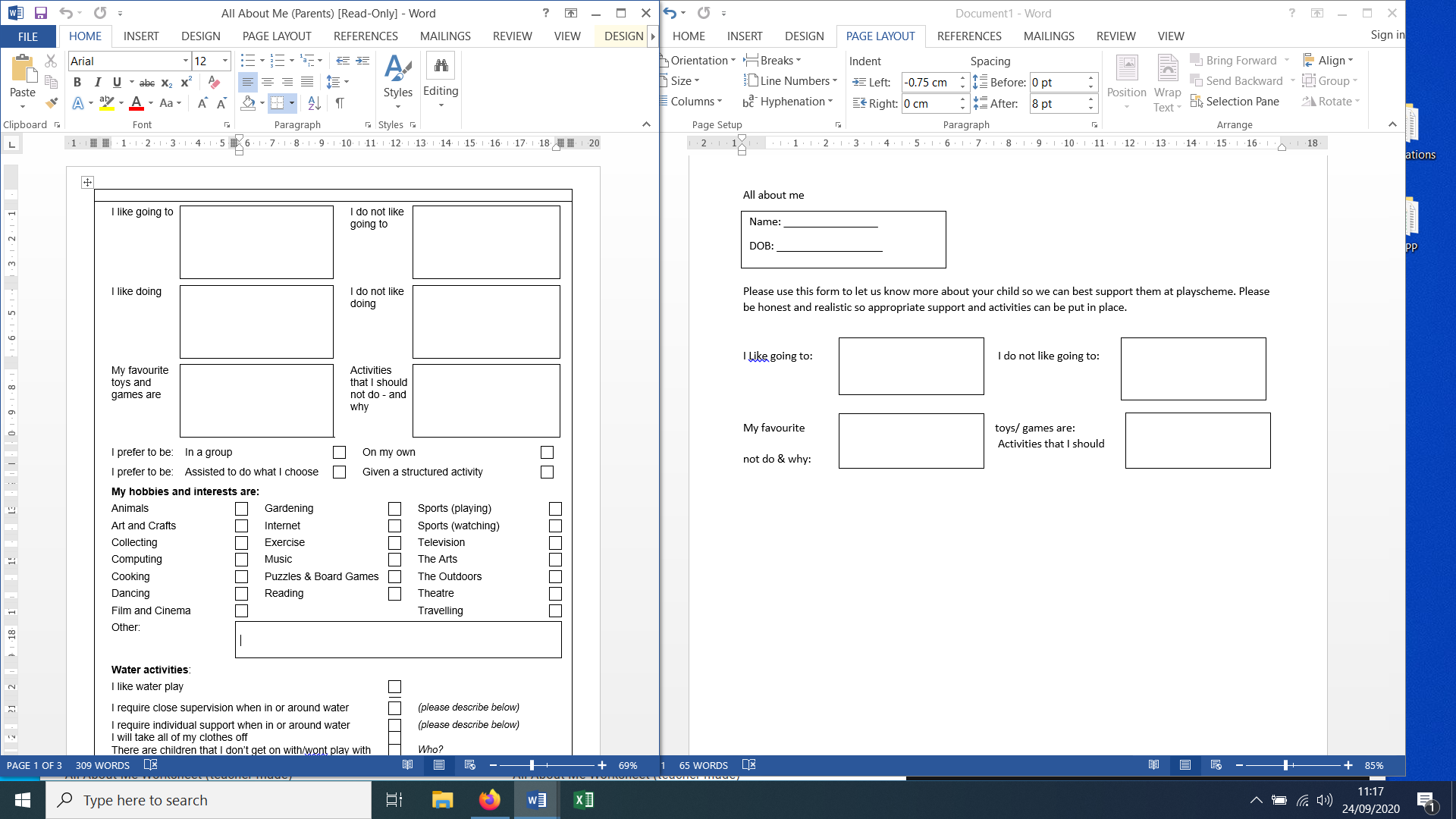
**All about me**

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