



## Getting To Know Me

Name

Date of birth

What do I like to do?

What don't I like to do?

What do I like to eat and drink?

Do I struggle with certain things?

*Eg; communication, crowds, connecting with others*

YES

NO

Details

Do I need particular supports?

*Eg; assistance to eat, assistance to walk, assistance to communicate*

YES

NO

Details

What things about me should others know?

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Today's Date

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