**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? |  |

|  |  |  |
| --- | --- | --- |
| Today’s Date |  |  |