

"Get to Know Me" Child Profile

My Name: _____ Nickname(s): _____

Birthdate: _____ Age: _____

My parent/guardian's name is: _____

Phone Numbers to reach them at: _____

1. I am allergic to _____ and if I come in contact with it you need to _____.
2. During the day I take medicine for _____ and I take it at _____ . I take my medicine best when you _____.
3. When I get upset you can help me calm down by _____.
4. When it is naptime, I need _____ to help me settle down and sleep.
5. My favorite toy/game to play with is _____, my favorite song to sing is _____, my favorite book to read is _____ and my favorite foods are _____.
6. My parents would like me to work on _____ learning goals/skills while I am with you.
7. I am generally _____ to warm up to new people, so give me time.
8. The three words that my parents would use to describe me are _____.