

# ALL ABOUT ME

My name is \_\_\_\_\_ but I like to be called \_\_\_\_\_.

I am \_\_\_\_\_ years old and I am in the \_\_\_\_\_ grade.

The people I live with are \_\_\_\_\_.

Some things that I like are: (activities/colors/toys)

Some things I don't like are: (triggers/sensitivities)

1.

1.

2.

2.

I communicate best by: (talking, writing, using pictures/signs): \_\_\_\_\_.

Something that scares me in the hospital is \_\_\_\_\_.

Something that makes me mad in the hospital is \_\_\_\_\_.

Something that makes me sad in the hospital is \_\_\_\_\_.

This is one of my first times in the hospital. Yes or No

Some questions I have about the hospital are:

1.

2.

3.

I might need extra support with: (personal care/medications/eating/drinking) \_\_\_\_\_

**\*WHEN YOU COME IN I'D LIKE YOU TO TELL ME: YOUR NAME, WHO YOU ARE AND WHAT YOU ARE GOING TO DO\***

## **For Parents/Caregiver**

Some questions/concerns I have are:

1.

2.

3.