

Name: _____
Date of birth: _____
Nick Name(s): _____
Parent/Guardian: _____
Address: _____
Email: _____
Cell Phone: _____
OK to send texts? Yes No
Emergency Contact: _____
Employer: _____

HELP US GET ACQUAINTED!

I enjoy:

- Books Video Games Music Art Walking Helping Sports Technology
 Working Volunteering Baking Movies Shopping Crafts

I get frustrated when:

- Loud noises Bright light Darkness Being touched
 People in my personal space Talking I'm hungry I'm tired

You can help me calm down by:

- Food/drink Quiet time Talking with someone
 Hugs Using technology Music Videos

Dietary restrictions:

- Milk Dyes Nuts Gluten Bottle Tube feed

Restroom needs:

- Independent Diaper OK, but needs supervision

Sensory needs:

Communication:

- Verbal Non-verbal Sign-language Communication device

Other: _____

OTHER HELPFUL INFORMATION