



"All About Me" Handbook!

A resource to help track your child's progress.



HOW TO TAKE CARE OF ME

SPECIAL THINGS ABOUT ME THAT MY CAREGIVERS SHOULD KNOW

Health and Illness:

I have the following medical problems: _____

My special care needs are: _____

Special things you need to watch for (and why): _____



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My Special Care Needs

Health and Illness:

Special things I need to avoid (and why): _____

Things I need to take in my travel bag when I am away from home: _____

When I am getting sick, you can usually tell by: _____

Times you should call the Doctor include: _____



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My Special Care Needs

My medications that I need to take:

Medicine	How Much	How It's Given	Times Given	Why I Need This

The treatments you will need to do for me:

Type of Treatment	How To Do It	Times Done	Why I Need This



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My Special Care Needs

Special equipment I need to help me do things during the day:

Equipment	How To Use It	Safety Concerns	Where It Is Located

MEALTIME:

I eat my food by: (circle choice)

mouth gastrostomy mouth and gastrostomy other: _____

The foods I am supposed to eat include: _____



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My Special Care Needs

MEALTIME:

The foods I cannot eat are: _____

My schedule for eating is: _____

The place I eat for mealtimes is: _____

The amount of help I need from you at mealtimes is: _____

Special needs I have for feeding (including safety concerns): _____



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My Special Care Needs

COMMUNICATION:

I let you know what I need by: _____

The best way for you to communicate with me is: _____

TOILETING:

I toilet by: (circle choice) diaper potty chair regular toilet other: _____

My toileting routine is: _____

Special needs I have around toileting: _____



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My Special Care Needs

DRESSING/UNDRESSING:

I need you to help with: _____

I can do these things by myself: _____

Special clothing suggestions: _____

BATH TIME:

My bath time routine is: _____

To help keep me safe at bath time: _____



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My Special Care Needs

PLAY TIME:

My favorite toys and activities are: _____

The best place(s) for me to play: _____

Special things I am sensitive to or afraid of: _____

SLEEP TIME:

My usual sleep times are: _____

My sleep time routine is: _____

Special things about the way I sleep that you should know: _____



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My Special Care Needs

SAFETY:

I need extra supervision when: _____

I sometimes do things that are unsafe, they are: _____

BEHAVIOR:

_____ No significant behavioral concerns

I have some special behaviors that need your attention, they are: _____

Sometimes I behave this way when: _____

If I display these behaviors please do this: _____



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My Special Care Needs

BEHAVIOR: (CONTINUED)

I become frightened when: _____

It helps if you do this: _____

When I am having a tantrum it helps if you: _____

When I am fussy or whiny it helps if you: _____

If I need to be disciplined this works best: _____



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My Special Care Needs

IMPORTANT PHONE NUMBERS:

Primary Care Doctor: _____

Emergency: _____

Hospital of Choice: _____