



The “Getting To Know Me” Questionnaire

Welcome to the “Getting To Know Me” questionnaire. The purpose of the “Getting to Know Me” questionnaire is to provide a personal understanding of your child with your child’s teacher or other service provider. The “Getting to Know Me” questionnaire offers a more personal insight into your child’s disability, likes and dislikes, and motivators and triggers.

It was designed for parents of children with developmental disabilities as a tool to fill out and give to the child’s teacher, direct support professional, day-care provider, etc., to assist in a new child/service provider relationship. The document is written as if the child was telling the information about themselves. We felt it important to design the document this way to personalize the relationship between the child and his/her service provider.

The “Getting To Know Me” questionnaire was designed with input from parents and staff of Families Helping Families of Greater New Orleans. We hope this document meets your needs and that you find it helpful!

Sincerely,

Bebe Bode
Project PROMPT Coordinator
Families Helping Families of Greater New Orleans

Date: _____

Getting to Know Me

(Name)

My Family

Mother: _____

Father: _____

Brother(s): _____

Sister(s): _____

Other Important People in My Life

Name

Relationship

_____	_____
_____	_____
_____	_____

My Strengths

Learning Style: (example: I am a visual learner, I am an auditory learner - etc...) (Explain)

Socialization: (example: I like being around my peers, I like to smile at others - etc...) (Explain)

Communication: (example: I use pictures to communicate, I use words to communicate - etc...) (Explain)

Recent Changes In My Life

(List any recent changes: This may include the death of a loved one, moving from another city or into a new home, divorce, marriage, or any other important information that may be affecting your child)

Some activities I really enjoy are: _____

The things that interest me are: _____

My favorite ways to be recognized for doing well are: _____

My Sensory Challenges

SOUNDS - I usually avoid seek no concern

Comments: (example: assembly, loud microphones hurt my ears)

SMELLS - I usually avoid seek no concern

Comments: (example: the smell of pickles, flowers makes me sick, or I seek the smell of _____)

TOUCH - I usually avoid seek no concern

Comments: (example: I like the feel of _____, I don't like the texture of _____, or I like deep pressure)

TASTE - I usually avoid seek no concern

Comments: (example: I only eat certain food, or I like to put _____ in my mouth)

VISUAL - I usually avoid seek no concern

Comments: (example: I like to flip book pages fast in front of my eyes, or Glare really bothers my eyes)

My fears are: _____

I usually have warning signs that occur prior to me getting upset, they are: _____

The best ways to calm or comfort me when I am afraid or upset are: _____

My Self Care

Dressing: Independent Need Some Assistance Working on skills

Toileting: Independent Need Some Assistance Working on skills

Eating: Independent Need Some Assistance Working on skills

I have a restricted diet, or food allergies

(List any special diets or special instructions for assistance in these areas)

I have the following medical concerns: _____

Some other important information you should know about me is that: (example: any specific routines or rituals that are important to my day that if altered may cause me some difficulties) _____

I am really glad that you know more about me now. I look forward to getting to know you better, learning and showing you all the wonderful things that I can do!

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