

Date: \_\_\_\_\_

## All About Me ~ Children (ages 1-17)



Parent's Name(s): \_\_\_\_\_

Parent's Phone Number(s): \_\_\_\_\_

My name is: \_\_\_\_\_ and I am in the \_\_\_\_\_ grade

I am \_\_\_\_\_ years old and my birthday is \_\_\_\_\_

Here's where I was born: \_\_\_\_\_

My doctor is: \_\_\_\_\_

My favorite things to do are:

\_\_\_\_\_  
\_\_\_\_\_

My favorite foods are:

\_\_\_\_\_  
\_\_\_\_\_

I don't like to eat:

\_\_\_\_\_  
\_\_\_\_\_

When I get upset, this helps me to feel better:

\_\_\_\_\_  
\_\_\_\_\_

The thing that scares me the most about not being at home is:

\_\_\_\_\_  
\_\_\_\_\_

Things that I like about my family are:

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The people that are important to me are:

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At night before going to bed my favorite thing to do is:

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My bed time is: \_\_\_\_\_

My nap time routine is:

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I would like to take \_\_\_\_\_ with me from my home

I feel \_\_\_\_\_ around animals. The animals that I like are \_\_\_\_\_  
The animals that scare me are \_\_\_\_\_

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I may not talk yet, but when I make this sound: \_\_\_\_\_ It means that I want: \_\_\_\_\_

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Here is other important stuff I want you to know about me:

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*cc: Placement Unit, Case Manager, Caregiver, Child's Attorney, Parents*