

# GETTING TO KNOW ME



This booklet is designed to help you welcome your new student. To find additional resources regarding Down syndrome, please contact the Down Syndrome Association of West Michigan (DSAWM) at [director@dsawm.org](mailto:director@dsawm.org) or 616-956-3488





We are pleased to share our **Getting to Know Me** booklet with you. This booklet includes a lot of information about our child, \_\_\_\_\_, and our family. We hope that this information will help you get to know our child and some of his or her interests, strengths and skills.

We have high expectations for our child, just as other parents do for their children. We hope that he or she will follow school rules, perform to the best of his or her ability and be a contributing member of the class. Quality teaching and positive peer role models will help our child be successful.

If you have any questions, please contact us at one of the following numbers:

Home: (\_\_\_\_) \_\_\_\_\_

Work: (\_\_\_\_) \_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_\_

The best time to reach us is \_\_\_\_\_.

We look forward to working with you this year. Please let us know how we can help make this a great school year for our child, his or her classmates and schoolmates, and you.

Sincerely,

\_\_\_\_\_

# My Parents' Dreams for Me



When our child was born, we worried about: \_\_\_\_\_

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Our hopes for this year are: \_\_\_\_\_

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Our lifetime goals for our child are: \_\_\_\_\_

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Here are some ways we think you can help our child be successful: \_\_\_\_\_

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# HERE IS MY FAMILY



My name is: \_\_\_\_\_ I like to be called: \_\_\_\_\_

My birthday is: \_\_\_\_\_ I was born in: \_\_\_\_\_ (City)

My Mom's name is: \_\_\_\_\_

My Dad's name is: \_\_\_\_\_

I have \_\_\_\_\_ brothers. Their names are: \_\_\_\_\_

I have \_\_\_\_\_ sisters. Their names are: \_\_\_\_\_

We have \_\_\_\_\_ pet(s).

**Pet's Name**

**Breed**



_____	_____
_____	_____
_____	_____

Other family members or friends that I want you to know about are: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# MY LEARNING STYLE



Three things that motivate me are: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

My strengths are: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

These are details about how I communicate: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

These are ways to communicate with me so I'll better understand you: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Ways to help me transition more easily are: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# THINGS I LIKE



These are some of my favorite things:

Activity: \_\_\_\_\_ Character: \_\_\_\_\_

Animal: \_\_\_\_\_ Color: \_\_\_\_\_

Book: \_\_\_\_\_ Game: \_\_\_\_\_

Food: \_\_\_\_\_ Drink: \_\_\_\_\_

When I'm inside I like to: \_\_\_\_\_

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When I go outside, I like to: \_\_\_\_\_

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After school I like to: \_\_\_\_\_

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On the weekends I like to: \_\_\_\_\_

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# MY FEELINGS

Things that make me feel happy are: \_\_\_\_\_

\_\_\_\_\_



Things that make me feel better are: \_\_\_\_\_

\_\_\_\_\_

When I get upset, I may say or do: \_\_\_\_\_

\_\_\_\_\_

Things that might upset me or make me sad are: \_\_\_\_\_

\_\_\_\_\_



I respond positively when: \_\_\_\_\_

\_\_\_\_\_

I might be mischievous when: \_\_\_\_\_

\_\_\_\_\_

When I'm tired or not feeling well I may: \_\_\_\_\_

\_\_\_\_\_



Things I may be a little afraid of are: \_\_\_\_\_

\_\_\_\_\_

It's hard for me to: \_\_\_\_\_

\_\_\_\_\_



# PLACES I LIKE TO GO

These are places I enjoy at school: \_\_\_\_\_

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These are places that I like to go with my family: \_\_\_\_\_

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These are places that I like to go with my friends: \_\_\_\_\_

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My favorite place to go in my neighborhood is: \_\_\_\_\_

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These are the fun things I did this summer: \_\_\_\_\_

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# HEALTH CONSIDERATIONS

Here are some things that you may  
need to know about my health:



Surgeries: \_\_\_\_\_

Current Medication(s): \_\_\_\_\_

Recurring Illnesses: \_\_\_\_\_

Allergies: \_\_\_\_\_

I wear glasses: Yes \_\_\_\_\_ No \_\_\_\_\_ I need help cleaning my glasses: Yes \_\_\_\_\_ No \_\_\_\_\_

I have a hearing loss: Yes \_\_\_\_\_ No \_\_\_\_\_ Affected Ear(s) \_\_\_\_\_

Degree of Loss \_\_\_\_\_

If I get injured, I may need penicillin to protect myself from Bacterial Endocarditis (result of heart surgery). Please call my parents ASAP! Yes \_\_\_\_\_ No \_\_\_\_\_

I have had an ATL X-ray: Yes \_\_\_\_\_ No \_\_\_\_\_ Date \_\_\_\_\_

Results of X-ray \_\_\_\_\_

I have the following sensory needs: \_\_\_\_\_

\_\_\_\_\_

Other things you may need to know about my health are: \_\_\_\_\_

\_\_\_\_\_

# THINGS I DO TO HELP AT HOME



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# THINGS I CAN DO FOR MYSELF



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# THINGS I MAY NEED HELP WITH AT SCHOOL



Dressing \_\_\_\_\_ Zippers \_\_\_\_\_ Coats \_\_\_\_\_ Shoelaces \_\_\_\_\_ Shoes/Boots \_\_\_\_\_

Toileting (including getting my pants on correctly) \_\_\_\_\_

Eating (including cutting my food and helping me clean up) \_\_\_\_\_

Other \_\_\_\_\_



# **FAMILY PHOTOGRAPHS**



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[www.dsawm.org](http://www.dsawm.org)

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