

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 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: _____

Our hopes for this year are: _____

Our lifetime goals for our child are: _____

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

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: _____

When I go outside, I like to: _____

After school I like to: _____

On the weekends I like to: _____

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: _____



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

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



My favorite place to go in my neighborhood is: _____

These are the fun things I did this summer: _____



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



THINGS I CAN DO FOR MYSELF



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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