(paste a picture of your child here)

My Information Binder

My first name is _____

My last name is _____

I was born on _____ _____ _____
month day year

My address is _____

_____

_____

My telephone number is (_____)_____

_____ is my mother / father / guardian.

_____ is my mother / father / guardian.

In case of emergency please contact:

Name: _____ Relationship _____

Telephone _____ (or) _____

Name: _____ Relationship _____

Telephone _____ (or) _____

I am allergic to _____

_____

I have the following medical conditions:

- ☐ Seizures
- ☐ Asthma
- ☐ Heart condition
- ☐ Diabetes
- ☐ Seasonal allergies _____
- ☐ Food allergies _____
- ☐ Other _____

I use the following medical equipment:

- ☐ Wheelchair
- ☐ Walker
- ☐ Leg splint / brace
- ☐ Seating support
- ☐ G-tube
- ☐ Glasses
- ☐ Hearing aid(s)
- ☐ Other _____

I take the following medication (please list):

Drug Name	Time	Dose

VISION

I have the following condition with my eye sight:

- ☐ difficulty with depth perception
- ☐ legally blind
- ☐ vision in one eye only _____
- ☐ strabismus (sometimes called "lazy eye")
- ☐ other _____

It is hard for me to see things that are:

- ☐ up close
- ☐ far away
- ☐ both

I see best when I:

- ☐ sit at the front of the classroom
- ☐ wear my glasses
- ☐ wear a patch over one eye

HEARING

I have the following conditions that affect my hearing:

- ☐ frequent ear infections
- ☐ tubes in my ears
- ☐ hearing loss
- ☐ other _____

It is hard for me to hear:

- ☐ quiet sounds (e.g., whisper)
- ☐ low pitch tones (low voice)
- ☐ high pitch tones (kettle, school bell)
- ☐ there are no distractions
- ☐ other _____

I hear best when:

- ☐ sound is directed to my right ear
- ☐ sound is directed to my left ear
- ☐ I am wearing my hearing aid(s)
- ☐ there are no distractions
- ☐ other _____

I communicate by:

- ☐ speaking a few words
- ☐ speaking many words
- ☐ using pictures (may include Picture Exchange Communication System)
- ☐ using objects
- ☐ using sign language
- ☐ using Braille

- ☐ I speak a language other then English _____
- ☐ I understand a language other than English _____

I can understand when:

- ☐ people give me one-step instructions (e.g., sit down)
- ☐ people give me two-step instructions (e.g., get coat and put on)

You can help me understand you by:

- ☐ speaking loudly
- ☐ speaking slowly
- ☐ looking at me when you want to show, or tell me something
- ☐ giving me time to answer
- ☐ repeating words, or gestures
- ☐ moving slowly when you want to show me something
- ☐ other _____

Smell:

I like the smell of _____

I don't like the smell of _____

Taste:

I like to eat _____

I don't like to eat _____

Touch:

I like the feel of _____

I don't like the feel of _____

Sound:

These noises/sounds comfort me _____

These noise/sounds bother me _____

Visual:

I like to look at _____

I don't like to look at _____

Movement:

I enjoy (e.g., swinging, rocking) _____

I don't enjoy _____

I get upset when:

- ☐ I can't have my way
- ☐ someone hurts me
- ☐ I have to stop playing
- ☐ other _____

When I get upset I:

- ☐ hit
- ☐ scream
- ☐ want to be by myself
- ☐ other _____

You can help me by:

- ☐ giving me time to calm down
- ☐ giving me a choice
- ☐ letting me know when something will change
- ☐ other _____

When I do a good job I like:

- ☐ verbal praise
- ☐ songs
- ☐ stickers
- ☐ a special treat _____
- ☐ other _____

WASHROOM

I can use the washroom: ☐ by myself ☐ need help to _____

When I need to use the washroom I tell you by:

_____

I need help to change my diaper: ☐ yes ☐ no

I usually need to use the washroom when _____

_____

DRESSING

☐ I can put clothing on by myself ☐ I can take clothing off by myself

☐ I need some help to _____

I can fasten and unfasten these by myself:

☐ zippers ☐ snaps

☐ buttons

☐ I can put my coat on by myself

☐ I need some help to _____

☐ I can put my shoes on by myself

☐ I need some help to _____

I like to wear _____

I don't like to wear _____

MEALTIME

I let you know when I'm hungry by: _____

- ☐ I can eat by myself
- ☐ I need some help to _____

- ☐ I can drink by myself
- ☐ I need some help to _____

I use special utensils to eat:

- ☐ straw
- ☐ easy grip spoon
- ☐ divided plate
- ☐ other _____

My favourite foods are _____

_____

_____

I don't like to eat _____

_____

_____

SLEEP

When I am tired I _____

_____

I sleep best when:

- ☐ I have my stuffed toy
- ☐ there is light in the room
- ☐ the room is dark
- ☐ there is relaxing music
- ☐ it is quiet
- ☐ I have a blanket
- ☐ someone sits with me until I fall asleep
- ☐ other _____

I usually sleep for _____ hours at a time.

I usually go to bed at _____ and wake up at _____in the morning.

I take a nap at _____

I like to sleep with _____

FAVOURITE ACTIVITIES

☐ **I like spending time with these people** _____

_____

☐ **I like spending time alone**

At home I like to:

☐ watch tv ☐ ride my bike

☐ play videos games ☐ listen to music

☐ other _____

At school I like to:

☐ go to the library ☐ play at recess ☐ work in a group

☐ go to gym class ☐ other _____

At child care I like to:

☐ play ☐ do puzzles ☐ build with blocks

☐ paint ☐ other _____

In the community I like to:

☐ go swimming ☐ go to dance class ☐ go horseback riding

☐ go to the park ☐ other _____

I also like to _____

I don't like to _____

☐ **I like to try new things** ☐ **I like to do the same things**

My favourite toy is _____

I am learning how to _____

Service:

Agency name:

Contact:

Phone: _____ **Email:** _____

Address: _____

_____

Service:

Agency name:

Contact:

Phone: _____ **Email:** _____

Address: _____

_____

Service:

Agency name:

Contact:

Phone: _____ **Email:** _____

Address: _____

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Service:

Agency name:

Contact:

Phone: _____ **Email:** _____

Address: _____

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Service:

Agency name:

Contact:

Phone: _____ **Email:** _____

Address: _____

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Service:

Agency name:

Contact:

Phone: _____ **Email:** _____

Address: _____

_____