

All About My Child



Autism and Intellectual Disabilities in Pennsylvania
Tools to prepare for, understand and react to crises

DEMOGRAPHIC INFORMATION

Child's Full Name: _____ Child's Birthdate: _____

Child's Nickname: _____

COMMUNICATION

How does my child communicate? _____

Commonly used language, terms or phrases my child says and what they mean: _____

Go to phrases we use in our family and what they mean: _____

TOP THINGS TO KNOW

Things my child likes. For example: people, foods, clothing, TV/movies, music, hobbies, high interest topics, etc: _____

Things my child doesn't like. For example: certain people, being touched, weather, sounds, words/phrases, babies, color yellow, clothing, etc: _____

Things they are afraid of: _____

Things that might trigger an outburst: _____

Things that calm them down. For example: songs, books, movies, items, places to go to calm down, etc:

Coping Strategies that may work for my child: _____

How to best introduce new people/items/locations etc.? _____

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IMPORTANT CONTACTS

Important Family/Friends Contact Information: _____

Supports Coordinator/Case Manager/Teacher/Special Ed Supervisor Contact Information: _____

MEDICAL INFORMATION

Child's Primary Care Doctor Contact Information: _____

Child's Psychiatrist Contact Information: _____

Medications/Dosages Being Taken/What are they for? _____