



Getting to Know Me

My Transition Book

My Name

My Birthday

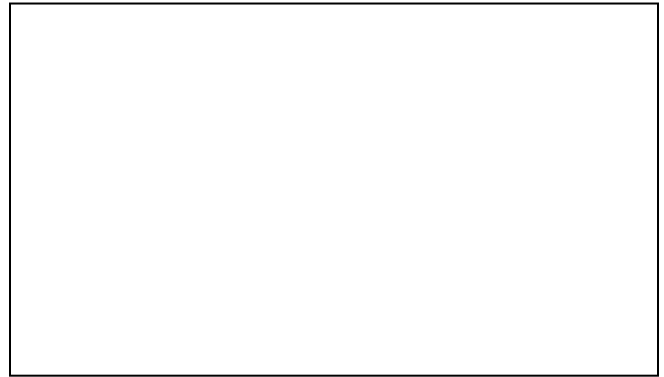
My Parent(s) Signature and Date

I like to be called by this name: _____

Here is a photo of me:



Here is a photo of my family:



The people in my life who make me happy are: _____

We speak this language in our home: _____

My pet is a: _____ and his or her name is: _____

My favorite toys to play with are: _____

A song I like to sing is: _____

The foods I like to eat the most are: _____

The things I'm a little bit afraid of are: _____

The thing I like the most about going to school is: _____

I like books about: _____

When I'm outside I like to play on: (For example: swing, trike, playground, with toys, other)

Here are some of the words I can say:

My parent(s) or teacher thinks this information would help you to better understand my needs.

1. I may need this kind of help in the bathroom:

2. I may need this kind of help in getting dressed:

3. I may need this kind of help at lunch and snack time:

4. I may need this kind of help with walking, sitting, standing, or moving around:

5. When I'm playing outside, I might need a little help with:

6. This is how I communicate with my parent(s) or teacher: (sign language, pictures, etc.)

7. This is how I play with other children:

8. When I get upset, this is what works best to help me:

My parent(s) or teacher thinks this is the most wonderful thing about me:

This is the thing my parent(s) or teacher hopes I'll be able to keep doing when I start my new program:

Important medical information that you need to know about me:

I have some allergies and they are: _____

I take this kind of medication: _____

I have been in the hospital or treated for this medical condition:

Helpful information my parent(s) or teacher wants to share:

Look on the back for any other information or pictures, too!

For additional copies visit the website www.floridtransitionproject.com or contact the Project Coordinator, bettianne@floridatransitionproject.com