
Name

Great Things About Me

Describe Yourself	
Likes	Dislikes

**Most Important To Me
(Pets, People, Places, Hobbies, etc.)**

**What Others Need To Know To
Support Me Best**

Sometimes I Need Help With:

--

I Do Not Like It When:

--

When I Am Sad Please: Give Me Time/Space Talk With Me

Allow Me To _____

When I Am Angry Please: Give Me Time/Space Talk With Me

Allow Me To _____

I Learn Best When:

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Other:

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