

Getting to Know Me + My Family

My Transition Book



My Name

___ My Birthday

___ Signature of My Parent(s) and Date

Here is a photo of me:

Here is a photo of my family:

I like to be called by this name:

The people in my family are:

We speak this language(s) in our home:

Family traditions and customs that are important to my family are:

Holidays that my family celebrates (name of holiday and date) are:

My pet(s) is/are:

My pet's name(s) is/are:

My favorite toys/games to play with are:

A song I like to sing is:

The things I'm a little bit afraid of are

My favorite activities, characters, things to do (for example: dinosaurs, princesses, Dora, Legos, etc.)
are

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

I like books about:

Here is the way I like to communicate (pictures, signs, words):

The foods I like to eat the most are:

The foods I don't like to eat are:

My family thinks this is the most wonderful thing about me:

The thing that makes me most excited about starting my new school is:

The things that will make me comfortable in my new school are:

My family thinks the information below will 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 play with other children:

Important medical information that you need to know about me:

1. I have some allergies, and they are:
2. I take this kind of medication:
3. I have been in the hospital or treated for this medical condition:

My family would like more information about the following topics:

Other information my family wants to share: