



### The “Getting To Know Me” Questionnaire

Welcome to the “Getting To Know Me” questionnaire. The purpose of the “Getting to Know Me” questionnaire is to provide a personal understanding of your child with your child’s teacher or other service provider. The “Getting to Know Me” questionnaire offers a more personal insight into your child’s disability, likes and dislikes, and motivators and triggers.

It was designed for parents of children with developmental disabilities as a tool to fill out and give to the child’s teacher, direct support professional, day-care provider, etc., to assist in a new child/service provider relationship. The document is written as if the child was telling the information about themselves. We felt it important to design the document this way to personalize the relationship between the child and his/her service provider.

The “Getting To Know Me” questionnaire was designed with input from parents and staff of Families Helping Families of Greater New Orleans. We hope this document meets your needs and that you find it helpful!

Sincerely,

Bebe Bode  
Project PROMPT Coordinator  
Families Helping Families of Greater New Orleans

Date: \_\_\_\_\_

## Getting to Know Me

\_\_\_\_\_  
(Name)

### My Family

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

Brother(s): \_\_\_\_\_

Sister(s): \_\_\_\_\_

### Other Important People in My Life

Name

Relationship

_____	_____
_____	_____
_____	_____

### My Strengths

Learning Style: (example: I am a visual learner, I am an auditory learner - etc...) (Explain)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Socialization: (example: I like being around my peers, I like to smile at others - etc...) (Explain)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Communication: (example: I use pictures to communicate, I use words to communicate - etc...) (Explain)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Recent Changes In My Life

(List any recent changes: This may include the death of a loved one, moving from another city or into a new home, divorce, marriage, or any other important information that may be affecting your child)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Some activities I really enjoy are: \_\_\_\_\_

\_\_\_\_\_

The things that interest me are: \_\_\_\_\_

\_\_\_\_\_

**My favorite ways to be recognized for doing well are:** \_\_\_\_\_

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### My Sensory Challenges

**SOUNDS** - I usually  avoid  seek  no concern

Comments: (example: assembly, loud microphones hurt my ears)

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**SMELLS** - I usually  avoid  seek  no concern

Comments: (example: the smell of pickles, flowers makes me sick, or I seek the smell of \_\_\_\_\_)

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**TOUCH** - I usually  avoid  seek  no concern

Comments: (example: I like the feel of \_\_\_\_\_, I don't like the texture of \_\_\_\_\_, or I like deep pressure)

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**TASTE** - I usually  avoid  seek  no concern

Comments: (example: I only eat certain food, or I like to put \_\_\_\_\_ in my mouth)

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**VISUAL** - I usually  avoid  seek  no concern

Comments: (example: I like to flip book pages fast in front of my eyes, or Glare really bothers my eyes)

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**My fears are:** \_\_\_\_\_

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**I usually have warning signs that occur prior to me getting upset, they are:** \_\_\_\_\_

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**The best ways to calm or comfort me when I am afraid or upset are:** \_\_\_\_\_

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