



**Hand in Hand**  
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## All About Me

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

My name is: \_\_\_\_\_

My birthday is: \_\_\_\_\_. I am \_\_\_\_\_ years old.

I am diagnosed with: \_\_\_\_\_

I am allergic to: \_\_\_\_\_

I communicate by: \_\_\_\_\_

I live with: \_\_\_\_\_

Activities I enjoy: \_\_\_\_\_

\_\_\_\_\_

Activities I dislike: \_\_\_\_\_

\_\_\_\_\_

Things I do to relax: \_\_\_\_\_

\_\_\_\_\_

I am afraid of: \_\_\_\_\_

My favorite foods are: \_\_\_\_\_

I prefer not to eat: \_\_\_\_\_

**What makes me unique:** \_\_\_\_\_

\_\_\_\_\_

**Special considerations when caring for me:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Hand in Hand is a non-profit organization that assists families with special needs. We exist to expand the capabilities, confidence and quality of life for children and young adults of all abilities by providing programs designed to encourage fun, learning and social interaction in a positive environment.*