



# Getting to Know Me + My Family

## My Transition Book

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My Name

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My Birthday

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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:  
\_\_\_\_\_
7. When I get upset, what works best to help me calm down is:  
\_\_\_\_\_

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: \_\_\_\_\_