



**THE BRIDGE SCHOOL**

545 Eucalyptus Avenue • Hillsborough, CA • 94010  
650-696-7295 • Fax: 650-342-7598 • www.bridgeschool.org

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**All About Me Inventory**

Student Name: \_\_\_\_\_

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

Completed By: \_\_\_\_\_

**Directions:** Please fill out fill questionnaire for your child so we can learn more about your child.

<b>Things That Make Me Special</b>	
<b>Special Talents:</b>	<i>Examples: making funny faces, singing, etc.</i>
<b>Family Traditions:</b>	<i>Examples: family movie night, holidays, etc.</i>
<b>Funny Things I Do or How I Make People Laugh:</b>	
<b>Things I'm Good At:</b>	<i>Examples: dancing, painting, etc.</i>



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<b>Things That Are Important To Me:</b>	
<b>My House/My Room:</b>	<i>Examples: things in my room, pictures, toys, books, etc.</i>
<b>My Neighborhood:</b>	<i>Examples: going to the park, neighbors, etc.</i>
<b>Things My Family Likes To Do:</b>	
<b>Vacation And/OR Holidays:</b>	<i>Examples: summer trips, activities, etc.</i>



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<b>Things I Want/Wish For:</b>	<i>Examples: to be a mermaid, projects to do, etc.</i>		
<b>Things I Talk About:</b>	<i>Examples: stories, events, memories, important topics, funny family stories, friends, etc.</i>		
	<b>Likes</b>	<b>Dislikes</b>	<b>Favorite</b>
<b>People:</b>	<i>Examples: community helpers, people in costume, etc.</i>		
<b>Places:</b>			



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	<b>Likes</b>	<b>Dislikes</b>	<b>Favorite</b>
<b>Foods/Tastes:</b>		<i>Examples: anything in the mouth, bitter, etc.</i>	
<b>Sounds:</b>			
<b>Smells:</b>			
<b>Sensory/Tactile:</b>	<i>Examples: textures, objects, etc.</i>		



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	<b>Likes</b>	<b>Dislikes</b>	<b>Favorite</b>
<b>My Favorite Physical Activities:</b>	<i>Examples: getting into a walker, swimming, etc.</i>		
<b>Books:</b>	<i>Examples: characters, pages, pictures, etc.</i>		
<b>Games (Outside/Inside):</b>	<i>Examples: hide and seek, playing Peter Pan, finger play, etc.</i>		
<b>Music:</b>	<i>Examples: songs, artists, types, etc.</i>		



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	<b>Likes</b>	<b>Dislikes</b>	<b>Favorite</b>
<b>Movies/Television Shows:</b>	<i>Examples: characters, songs, specific scene, etc.</i>		
<b>Toys:</b>			
<b>Animals:</b>			
<b>Colors And Patterns:</b>			
<b>Articles Of Clothing:</b>	<i>Examples: shirts, shoes, accessories, etc.</i>		



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<b>Outside of School</b>	
<b>People I See:</b>	
<b>Places I Go:</b>	
<b>Things I Do:</b>	
<b>What I Do When I Am Not At School:</b>	<i>Examples: weekends, consistent activities that may happen, bowling, etc.</i>



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<b>More About Me</b>	
<b>Things I Am Working On:</b>	<i>Examples: writing, eating independently, telling jokes, etc.</i>
<b>Things That Bug Me:</b>	<i>Examples: loud noise, waiting around, etc.</i>
<b>Things I Need Help With:</b>	<i>Examples: fixing my hair, drinking from a cup, throwing a ball, etc.</i>
<b>Things I Have Difficulty With:</b>	<i>Examples: walking up stairs, making new friends, etc.</i>
<b>How I Tell You I Am Upset And How You Can Help Calm Me:</b>	<i>Examples: a gesture, body movement, facial expressions, verbalization, etc.</i>



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<b>How I Tell You When I Am Uncomfortable Or In Pain And How You Can Help Me:</b>	<i>Examples: a gesture, body movement, facial expressions, verbalization, etc.</i>
<b>Things That Make Me Giggle/Laugh:</b>	<i>Examples: burps, squeaky sounds, funny faces, jokes, etc.</i>



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**Please Fill Out Any Additional Information About Your Child:**

**More Things I Like:** \_\_\_\_\_

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**More Things I Don't Like:** \_\_\_\_\_

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**More Of My Favorites:** \_\_\_\_\_

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**People In My Life (friends, family, important others, pets, etc.):**

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