

How I am Incredible!

Child's Name and Age: _____



My Child's Strengths:

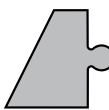
Adults that Support My Growing and Learning:

My Temperament (e.g., activity level, adaptability, physical sensitivity, intensity, distractibility, persistence, predictability, quiet, anxious, angry):

My Play and Language Level (e.g., play alone, anxious or withdrawn, want to initiate play with others but don't know how, initiate but my social interactions are inappropriate, very few words, lots of language, inappropriate language):

My Favorite Activities (e.g., reading, soccer, games, music, cooking, building activities, drawing, pretend play):

Social, Emotional, Persistence, Language and Academic Skills I am Learning (e.g., helping others, calm down methods, speaking politely, taking turns, listening):



My Parent's Goals for Me: (e.g., helping my child follow directions, to better at school, improve their academic success, reduce my own anger and stress):