Please tell us about yourself. This form will not be shared with others, please answer it truthfully. Letting us know your strengths and challenges helps us to better assist you.

1. Which best describes you? (check all that apply)

- I would rather read instructions than listen to the teacher explain them.
- I like having someone explain directions aloud.
- When I study, I have to take a lot of breaks to get up and walk around.
- I draw a lot of pictures during class.
- I remember things better if I write them down.
- I study by saying information aloud.
- Charts, pictures, and maps help me understand what I am reading.
- I can pay attention better if I have a snack while I study.
- I like to listen to music while I am studying.
- I am good at seeing pictures in my mind what I am studying.
- It is easy for me to remember jokes.
- I can think better if I tap my foot, play with a pencil or move a little.
- I prefer working by myself.
- I prefer working with a friend.
- I prefer working in a group of 3 or more.
- I find it easy to speak up in class and/or participate in discussions.
- I find it hard to speak up in class and/or participate in discussions.
- I find it easy to read aloud.
- I find it hard to read aloud.
- I find it easy to control my temper.
- I find it hard to control my temper.
- It is easier for me to control my temper if I try the following:

2. Have you received or are you receiving any of the following? (check all that apply)

- Speech/Language therapy
- Occupational Therapy
- Physical Therapy
- Daily Medication (not including vitamins)
- Special Education services in school
- Counseling
- Other: ________________________________

3. I learn best when I:

   __________________________________________

   __________________________________________

4. I do not like it when I am asked to:

   __________________________________________
YEN “Getting to Know Me”

Name: __________________________________________

D.O.B. _____________________   Date________________

5. Activities/things that motivate me:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

6. Activities I do not like to do:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

7. School subjects I am good at:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

8. School subjects I find hard:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

9. After high school, I want to:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

10. Anything else you want us to know about you:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________