



The Advocacy
Network on
Disabilities

Formerly known as CCDH, Inc.

YEN "Getting to Know Me"

Name: _____

D.O.B. _____ Date _____

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)

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

- | | |
|--|---|
| <input type="checkbox"/> Speech/Language therapy | <input type="checkbox"/> Special Education services in school |
| <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Counseling |
| <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Daily Medication (not including vitamins) | |

3. I learn best when I:

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



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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: