



## How I am Incredible!



Child's Name and Age: \_\_\_\_\_

Family Structure and Support:

My Language Level (*e.g., no spoken language, visual language, 1-2 words, echolalic, good language*):

My Play Level (*e.g., play alone, anxious or withdrawn, want to initiate play with others but don't know how, initiate but inappropriate*):

My Sensory Likes (*e.g., trucks, swinging, music, water play, bananas*):

My Sensory Dislikes (*e.g., loud noises, certain smells*):

My Teacher's Goals for Me: (*e.g., make a friend, more words, follow directions*):