



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: