



Creating A Child Information Binder

The “Child Information Binder” is a quick and easy reference tool for your family. It is a simple way to record your child’s strengths and needs, his likes/dislikes, and his many interests. Teachers can use this information to support your child’s on-going development.

You can print each page and insert them in a binder according to each section we’ve identified below. Complete each section and share it with your child’s teacher once he starts child care or school.

Basic Information

Include basic information about your child like his name, date of birth and who to contact in case of an emergency.

Medical

Add information on any medical conditions your child has. If your child takes certain medications or uses adaptive equipment on a regular basis you can include guidelines on their usage.

Vision and Hearing

Complete this section if your child has a known vision loss or hearing difficulty. Include valuable information on how accommodations can be made.

Communication

Offer information that helps your child understand and be understood by others. If your child uses a communication binder with picture symbols you can add a copy to this section.

Sensory

Inform others about your child’s sensory likes and dislikes.

Behaviour

Describe and explain how to best deal with behaviours your child may demonstrate.

Daily Routines

Provide details on daily routines like using the washroom, mealtimes, dressing, and sleeping. If your child uses picture sequences as a guide during these routines they can be included.

Favourite Activities

Ask your child to help you complete this section! It’s a great way to let him know how proud you are of his accomplishments.

Service Providers

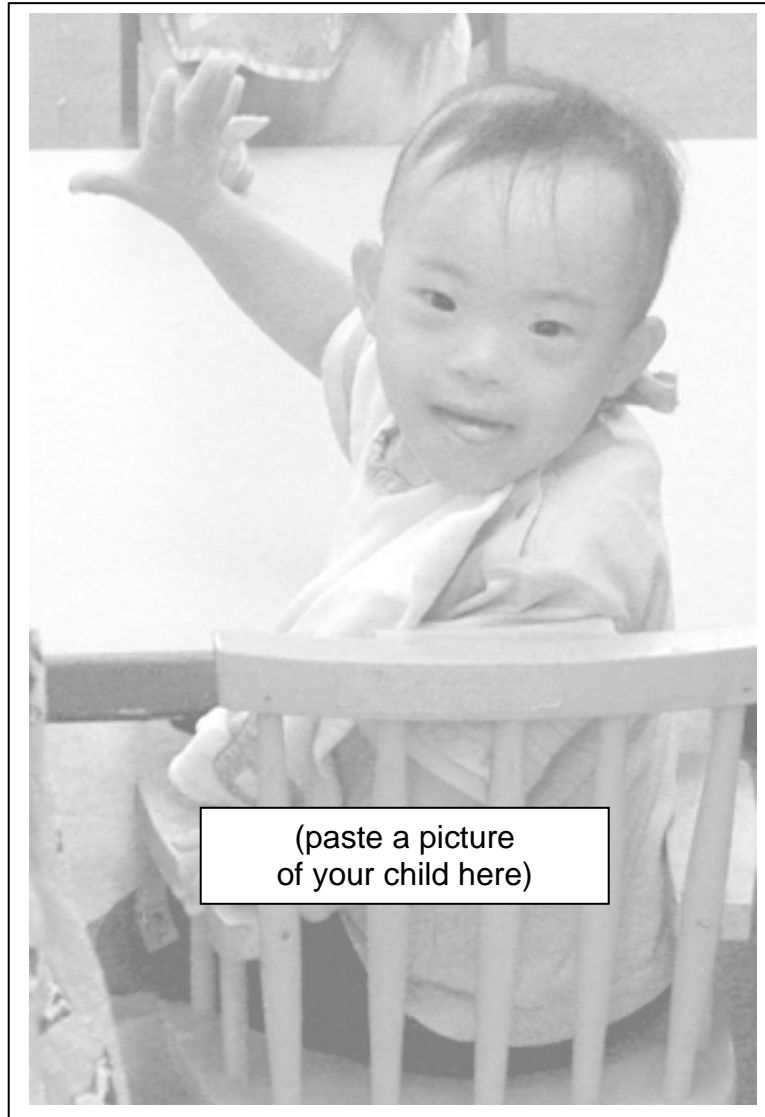
Record contact information for each professional who works with your child. There is space to describe what they do for your child and family.

Sharing the Binder with School Personnel

You may wish to bring your child’s binder to school meetings. The binder will have the information you need organized in advance making it easier for you to focus and fully participate in the meeting.

For more information on sharing information with your child’s school or child care, view the workshop on “Informed Consent”.

My Information Binder





Section 1 - Information about me

My first name is _____

My last name is _____

I was born on _____
month day year

My address is

My telephone number is
(_____) _____

_____ is my mother /
father / guardian.

_____ is my mother /
father / guardian.

<p>In case of emergency please contact:</p> <p>Name: _____ Relationship _____</p> <p>Telephone _____ (or) _____</p> <p>Name: _____ Relationship _____</p> <p>Telephone _____ (or) _____</p>
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I am allergic to _____



I have the following medical conditions:

- Seizures
- Asthma
- Heart condition
- Diabetes
- Seasonal allergies _____
- Food allergies _____
- Other _____

I use the following medical equipment:

- Wheelchair
- Walker
- Leg splint / brace
- Seating support
- G-tube
- Glasses
- Hearing aid(s)
- Other _____

I take the following medication (please list):

Drug Name	Time	Dose



Vision

I have the following condition with my eye sight:

- difficulty with depth perception
- legally blind
- vision in one eye only _____
- strabismus (sometimes called "lazy eye")
- other _____

It is hard for me to see things that are:

- up close
- far away
- both

I see best when I:

- sit at the front of the classroom
- wear my glasses
- wear a patch over one eye

Hearing

I have the following conditions that affect my hearing:

- frequent ear infections
- tubes in my ears
- hearing loss
- other _____

It is hard for me to hear:

- quiet sounds (e.g., whisper)
- low pitch tones (low voice)
- high pitch tones (kettle, school bell)
- there are no distractions
- other _____

I hear best when:

- sound is directed to my right ear
- sound is directed to my left ear
- I am wearing my hearing aid(s)
- there are no distractions
- other _____



I communicate by:

- speaking a few words
- speaking many words
- using pictures (may include Picture Exchange Communication System)
- using objects
- using sign language
- using Braille

I speak a language other than English

I understand a language other than English

I can understand when:

- people give me one step instructions (e.g., sit down)
- people give me two step instructions (e.g., get coat and put on)

You can help me understand you by:

- speaking loudly
- speaking slowly
- looking at me when you want to show or tell me something
- giving me time to answer
- repeating words or gestures
- moving slowly when you want to show me something
- other _____



Smell:

I like the smell of _____

I don't like the smell of _____

Taste:

I like to eat _____

I don't like to eat _____

Touch:

I like the feel of _____

I don't like the feel of

Sound:

These noises/sounds comfort me _____

These noises/sounds bother me _____

Visual:

I like to look at _____

I don't like to look at _____

Movement:

I enjoy (i.e. swinging, rocking) _____

I don't enjoy _____



I get upset when:

- I can't have my way
- someone hurts me
- I have to stop playing
- other _____

When I get upset I:

- hit
- scream
- want to be by myself
- other _____

You can help me by:

- giving me time to calm down
- giving me a choice
- letting me know when something will change
- other _____

When I do a good job I like:

- verbal praise
- songs
- stickers
- a special treat _____
- other _____



Washroom

I can use the washroom:

- by myself
- need help to _____

When I need to use the washroom I tell you by:

I need help to change my diaper:

- Yes
- No

I usually need to use the washroom when

Dressing

- I can put clothing on by myself
- I can take clothing off by myself
- I need some help to _____

I can fasten and unfasten these by myself:

- zippers
- snaps
- buttons

- I can put my coat on by myself
- I need some help to _____

- I can put my shoes on by myself
- I need some help to _____

I like to wear _____

I don't like to wear _____



Mealtime

I let you know when I'm hungry by: _____

- I can eat by myself
- I need some help to _____

- I can drink by myself
- I need some help to _____

I use special utensils to eat:

- straw
- easy grip spoon
- divided plate
- other _____

My favourite foods are

I don't like to eat



Sleep

When I am tired I

I sleep best when:

- I have my stuffed toy
- it is quiet
- there is light in the room
- I have a blanket
- the room is dark
- someone sits with me until I fall asleep
- there is relaxing music
- other _____

I usually sleep for _____ hours at a time.

I usually go to bed at _____ and wake up at _____ in the morning.

I take a nap at

I like to sleep with



Section 8 – Favourite Activities

I like spending time with these people

I like spending time alone

At home I like to:

- watch tv
- ride my bike
- play videos games
- listen to music
- other _____

At school I like to:

- go to the library
- play at recess
- work in a group
- go to gym class
- other _____

At child care I like to:

- play
- do puzzles
- build with blocks
- paint
- other _____

In the community I like to:

- go swimming
- go to dance class
- horseback riding
- go to the park
- other _____

I also like to

I don't like to



Section 9 – **Service Providers** (page 1 of 3)

Service:

Agency name:

Contact:

Phone: _____

Email: _____

Address:

Service:

Agency name:

Contact:

Phone: _____

Email: _____

Address:



Service:

Agency name:

Contact:

Phone: _____

Email: _____

Address:

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