This booklet was designed by the Down Syndrome Guild of Greater Kansas City to help you welcome your new student. If you need additional resources on Down syndrome please call our office at 913-384-4848
We are pleased to share our All About Me booklet with you. This booklet contains a lot of information about our child ____________ and our family.

We hope that this information will help you to get to know our child and some of his/her interests, strengths and skills.

We have high expectations for our child as other parents do for their children. We hope he/she will follow school rules, perform to the best of his/her ability and be a contributing member of the class. Good teaching and positive peer role models will help our child be successful.

If you have any questions, please call us at home ____________ or at work _____________. The best time to reach us is ____________.

We look forward to working with you this year.

Please let us know how we can help make this a great school year.

Sincerely,
When our child was born we worried about:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Our hopes for this year are:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Our lifetime goals for our child are:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Here are some ways we think you can help our child be successful:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
My name is:____________________________________________________

My Mom’s name is:______________________________________________

My Dad’s name is:_______________________________________________

I have _____ Brother(s) Their names are: ____________________________

I have _____ Sister(s) Their names are: ____________________________

We have a pet:_________ My pet’s name is: _________________________

Other family or friends that I want you to know about are:

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________
Interesting Facts About Me!

My favorite activity is:__________________________________________

My favorite color is:____________________________________________

When I go outside, I like to:_____________________________________

My favorite hobby and other activities are:
____________________________________________________________
____________________________________________________________
____________________________________________________________

Three things that really motivate me are:
____________________________________________________________
____________________________________________________________
____________________________________________________________

When I grow up I want to:
____________________________________________________________
____________________________________________________________
Here are some things you may need to know about my health:

Surgeries:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Current Medication (s):

________________________________________________________________________

________________________________________________________________________

I wear glasses: Yes No I wear hearing aides: Yes No

When I am not feeling well I might:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Other things you need to know about my health:

________________________________________________________________________

________________________________________________________________________
Things that make me feel happy:

_______________________________________________________________

_______________________________________________________________

_______________________________________________________________

Things that might upset me:

_______________________________________________________________

_______________________________________________________________

_______________________________________________________________

It’s hard for me to:

_______________________________________________________________

_______________________________________________________________

_______________________________________________________________

_______________________________________________________________

Things I may be afraid of:

_______________________________________________________________

_______________________________________________________________
Places I Like To Go

Here are some places that I like to go to with my family:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

My favorite vacation was when my family went to:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

My favorite places to go in my neighborhood are:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Communication

Here are some things you may need to know about how I communicate:

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

My parents would prefer that you communicate with them by:

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

If I am frustrated I might:

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Here are some things I do to help around the house:

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

Here is a list of things I do in the community on a regular basis:

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

Here are some things I can do if someone helps me:

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________
Pictures of Me!
Myths & Truths
About Down Syndrome

Myth: Down syndrome is a rare genetic disorder.
Truth: Down syndrome is the most commonly occurring genetic condition. One in every 691 births is a child with Down syndrome. There are currently 250,000 people in the U.S. with Down syndrome, with 5,000 to 6,000 births per year.

Myth: Most children with Down syndrome are born to older parents.
Truth: Eighty percent of children born with Down syndrome are born to women younger than age 35 due to higher fertility rates. However, research has shown a link between the incidence of Down syndrome and maternal age.

Myth: Down syndrome is hereditary and runs in families.
Truth: Most cases of Down syndrome are sporadic, chance events. In general, Down syndrome does not run families and a sibling or aunt has no greater chance of conceiving a child with Down syndrome.

Myth: People with Down syndrome have severe cognitive delays.
Truth: Most people with Down syndrome have cognitive delays that are mild to moderate. IQ is not an adequate measure of the functional status of people with Down syndrome. People with Down syndrome have great potential if given opportunities.

Myth: The life expectancy of people with Down syndrome is 30.
Truth: Thanks to advances in medical and clinical treatment and opportunities to thrive, as many as 80 percent of adults with Down syndrome reach age 55, and many live longer.

Myth: Behavior problems and depression are just part of having Down syndrome.
Truth: Often, medical or mental health problems go untreated due to the assumption that it is typical of having this genetic condition. Complete examinations by appropriate health care professionals should always be pursued.

Myth: Children with Down syndrome are placed in segregated special education programs.
Truth: Children with Down syndrome are included in regular academic classrooms across the country. Students may be integrated into specific courses or fully included in the regular classroom for all subjects.

Myth: Adults with Down syndrome may be unable to work.
Truth: Businesses seek young adults with Down syndrome for a variety of positions. They are employed by banks, corporations, nursing homes, hotels and restaurants. They work in the music and entertainment industry. People with Down syndrome bring to their jobs enthusiasm, reliability and dedication.