

About Me form



Full name :

Preferred name or nick name :

Age :

Parent/caregiver's name(s) :

Contact No. 1 :

Contact No. 2 :

How to use this form

- This form has 6 sections with questions to get to know you. You do not need to fill out the entire form. You can leave some sections blank
- Please include any information that you would like your teacher to know about you:
 - a. You could include information about your strengths and support needs.
 - b. You could also include ways to help you enjoy dance class.
 - c. You could also include information about your culture and identity.
- There are no right or wrong answers. If you don't want to answer a question, it is ok to go to the next one.
- This form can be filled out by yourself, or with the help of a parent or caregiver.
- Please use the small boxes to tick all things that apply to you. You can also use the big text box to write extra notes if there is something else you want your teacher to know.
- If this form has missed something that is important to you, please include the information in the big text boxes.
- If you would like to share this information in a different way, please talk with your parent or caregiver, and your teacher.
- It can also be helpful to have conversations with your dance teacher about how they can help you enjoy dance

Glossary

Please refer to the glossary for definitions of key terms.

1. **Auslan:** Auslan is Australian Sign Language, which is used by the Australian Deaf community. Sign language uses gestures and signs to communicate, for example, by creating certain shapes with your hand.
2. **Buddy:** A buddy is someone who helps you join in a dance class.
3. **Caregiver:** A person like a parent who takes care of you a lot of the time (e.g., a grandparent, step-mother or father, or other trusted grown-up)
4. **Cochlear implants:** A small device that is placed inside the ear to help a person hear better.
5. **Communication board:** A board of symbols, pictures or photos that you can point to so that you can tell people certain things
6. **Encouragement:** For example, "Well done!"
7. **Full sentences:** More than 10 words at a time
8. **Hearing aid:** A small device that is worn in or behind the ear to help make sounds louder.
9. **Hearing loop:** A way to send sound through a wire to a hearing aid.
10. **In small groups:** For example 3-5 people in a group.
11. **Instructions:** Information that teach you how to do something.
12. **Interpreter:** A person who translates one language into another.
13. **Key Word Sign:** Key Word Sign adds signs to spoken words. It uses signs, for example, by creating certain shapes with your hand to communicate the important words of what you say.

Glossary

Please refer to the glossary for definitions of key terms.

- | | |
|--|---|
| 14. Lip reading: | Understanding what someone is saying by watching their mouth move. |
| 15. Orthoses: | A device that helps to support certain body parts. |
| 16. Sensory or fidget toy: | Some examples are: putty, tangle, squish ball, push and pop |
| 17. Short phrases: | 3-10 words at a time |
| 18. Single words: | One word at a time |
| 19. Walker: | A device that helps a person balance and walk. |
| 20. When I am moving my body or making sounds: | Some examples are: spinning in a circle, quickly moving your hands up and down, saying the same word over and over again, twirling your hair with your fingers. |
| 21. White cane: | A device that helps a person who is blind or with low vision travel through the world safely. |

Communicating

A. How do you best communicate with other people? (tick all that applies to you)

- | | |
|--|---|
| <input type="checkbox"/> Through a communication device
(i.e. PODD™ book or AAC device) | <input type="checkbox"/> Using Auslan |
| <input type="checkbox"/> Using Key Word Sign | <input type="checkbox"/> Using a hearing aid |
| <input type="checkbox"/> Using cochlear implants | <input type="checkbox"/> Using a hearing loop |
| <input type="checkbox"/> By lip reading | <input type="checkbox"/> With an interpreter |
| <input type="checkbox"/> When it's quiet | <input type="checkbox"/> When I am using a
sensory or fidget toy |
| <input type="checkbox"/> When I don't need to make eye
contact | <input type="checkbox"/> Using single words |
| <input type="checkbox"/> Using short phrases | <input type="checkbox"/> Using full sentences |

Other (if there are other ways you communicate best) please list them here)



B.2. What do you want your teacher to know about how you communicate?

Tick box yes, no, or sometimes

	Yes	No	Sometimes
I find it easy to explain what I need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am good at asking for help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can express my feelings in a stressful situation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I prefer my teacher to use simple words and sentences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can understand "up", "down", "forward" and "back"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I need my teacher to use pictures to help me understand instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I need time to respond and process information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Anything else you'd like to share?

Energy and mobility

A. What would you like your teacher to know about your energy and mobility?

Tick box yes, no, or sometimes

	Yes	No	Sometimes
I find it hard to be still	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I move slowly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like to start activities straight away	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I move quickly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get tired easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It takes a lot of energy for me to move	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get dizzy easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pain affects my energy and how I move	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The way I feel changes a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I need time to change or get into position for the next activity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (if there are other things you would like your teacher to know about your energy and mobility that have not been included please list them here)

B. Do you use any mobility aids in class?

Tick box yes, no, or sometimes

	Yes	No	Sometimes
A wheelchair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A walker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orthoses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A walking stick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A white cane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crutches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

Further information (please specify as needed)

C. What allows you to move easily in dance class?

Tick all that applies to you

- | | |
|--|---|
| <input type="checkbox"/> Dancing on a hard surface instead of carpet | <input type="checkbox"/> Dancing in a small space |
| <input type="checkbox"/> Dancing in a large space | <input type="checkbox"/> Having a chair |
| <input type="checkbox"/> Having a clear space and clear floor | <input type="checkbox"/> Being able to use my mobility aid in the classroom |
| <input type="checkbox"/> Being able to access the classroom via a ramp or lift | |

Other (if there are other things you would like your teacher to know that have not been included please list them here)

Working with others

A. What would you like your teacher to know about how you work with others?

Tick box yes, no, or sometimes

	Yes	No	Sometimes
I like to do things that other people in the class are doing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like to greet and farewell other children, for example by saying hello and goodbye	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I need help to join a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I prefer to dance with other children than alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I prefer to dance with a buddy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't like when other people yell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't like when other people touch me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Anything else you would like to share?

Feelings

Is there anything in particular that makes you happy?

A. Ways of moving that make me happy

You can pick more than one

- | | |
|---|---|
| <input type="checkbox"/> I like to jump | <input type="checkbox"/> I like to run |
| <input type="checkbox"/> I like to move slowly | <input type="checkbox"/> I like following steps |
| <input type="checkbox"/> I like making up my own dances | <input type="checkbox"/> I like it when my teacher gives me ideas and options for dancing |
| <input type="checkbox"/> I like dancing to music | <input type="checkbox"/> I like dancing with no music |
| <input type="checkbox"/> I like dancing with props and toys, for example scarves, chairs, teddies | <input type="checkbox"/> I'm not sure yet. Please ask me again another time. |

Other (if there are other ways of moving that make you happy that have not been included please list them here)

B. Other things that make me happy in dance class:

Tick all that applies to you

Being with friends and other students

Learning from the teacher

Playing games

Doing quiet activities

I'm not sure yet.
Please ask me again another time.

Other (if there are things that make you happy in dance class please list them here)

C. Is there anything in particular that makes you unhappy or uncomfortable?

Tick all that applies to you

Eye contact

Loud noises

People touching me

Some clothes or materials

When the teacher asks me a question in front of the whole class

When we do activities in a different order to usual

When I don't have time to finish what I'm saying

Other (if there are other things that make you unhappy or uncomfortable please list them here)

Learning

A. How do you learn best?

Tick all that applies to you. If you are not sure, or haven't been in a dance class before, please tick the last option "I don't know yet".

- | | |
|---|--|
| <input type="checkbox"/> When my teacher uses clear and short instructions | <input type="checkbox"/> By watching my teacher dance |
| <input type="checkbox"/> When my dance classes have the same activities in the same order | <input type="checkbox"/> By having time to rest in between dance activities |
| <input type="checkbox"/> With a buddy | <input type="checkbox"/> In small groups |
| <input type="checkbox"/> With encouragement | <input type="checkbox"/> With my headphones on |
| <input type="checkbox"/> By listening to instructions | <input type="checkbox"/> By practising and doing |
| <input type="checkbox"/> When I am moving my body or making sounds. | <input type="checkbox"/> When my teacher gives me one instruction at a time |
| <input type="checkbox"/> Other (if there are other ways you learn best please list them here) | <input type="checkbox"/> I don't know yet. Please ask me again another time. |

B. What do you want your teacher to know about how you learn?

Tick box yes, no, or sometimes

	Yes	No	Sometimes
I remember things I was asked to do last week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like to move quickly from one activity to another	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like to do the same activity a few times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like things to be perfect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I look at other people when I do not know what to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am happy to try new things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Anything else? If there are other things your teacher should know about how you learn please list them here

Situations and supporting strategies that you want your teacher to be aware of:

A. My teacher can help me to notice when I'm starting to feel unhappy or overwhelmed by looking for these signs

Tick all that applies to you

Covering my ears

Speaking loudly or over other people

Closing my eyes

Being very quiet

Lying on the floor

Other (if there are other signs please list them here)

B. Signs that I need help are

Tick all that applies to you

Screaming

Not listening

Running away

Taking things that others are using

Other (if there are other signs please list them here)

C: I am more likely to feel like this when

Tick all that applies to you

There are loud noises

I have to wait my turn

Someone touches me

We do activities in a different order to usual

Other (if there are other things that make you feel unhappy or overwhelmed please list them here)

D. These are the things my teacher can do to help me when I feel like this

Tick all that applies to you

Ask people in the classroom to speak quietly

Offer a break in a quiet area

Turn the music down or off

Speak calmly and softly

Give me earplugs or headphones

Talk with me about my interests

Set clear rules with pictures

Help me focus on a specific task. For example, tapping my hand to music

Other (if there are other ways your teacher can help please list them here)

Would you like to provide information about a diagnosis or disability? It is your choice.

I call my disability/
diagnoses:

I have a disability
without diagnosis

I want this information
to be private

I don't mind who knows
this information

Anything else you would like the teacher to know about
your disability or diagnosis?

This is how I refer to me and my disability:

I am a person with a disability

I am a disabled person

I am a person with disability

I have access and support needs

Other (if you refer to yourself with different or additional language, please list here.
For example, you may have language based on a specific identity or diagnosis, such
as 'I am an Autistic person', or 'I live with Chronic Fatigue Syndrome')