

How I am Incredible!

The “**How I am incredible!**” handout is used to help parents share information about their child’s developmental level including language and play level, and sensory likes and dislikes. In addition, parents share their family support network and goals for their children. This form is completed in the first IY parent group meeting or home coaching visits and helps the group leader and other parents learn about the children in the group. During the first visit parents jot down what they know about their child at that time and share it with other parents. At subsequent meetings, parents add details about their child’s specific developmental needs and make notes of any new discoveries they are making as they engage in child-directed play, coaching and develop strategies that they find helpful in supporting their goals. This form is also referred to by IY group leaders when tailoring role play practices geared towards each child’s unique developmental level and language level. It is recommended that the template for this form be copied onto a large flip chart page, one for each child and then placed on the wall so that it can be easily added to each week. It is also fun to put a picture of each child at the top of the roof so everyone can get to know each other’s incredible child.

Sample "How I am Incredible!" form for Hudson

My support people:

Hudson.. 3 years old 9 months

Family.. father primary caregiver; mother works full time; no other siblings

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

Limited eye contact
Points to visual
Sometimes echo's what is said
Nods agreement –responds to verbal partial prompts for food & preferred toys
Does not talk to peers and withdraws from their verbal overtures

My Play Level (*e.g., play alone, anxious or withdrawn, want to initiate play with others but don't know how, initiate but inappropriate*):

Some functional solo play – cars
Play repetitive with no variation
Doesn't seem interested and/or is anxious with peers
Supported with play scripts reluctantly
Reciprocal play with one child can be encouraged with social coaching, prompts & imitation (2 peers is too much stimulation and he withdraws)

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

Enjoys spinning, being swung in a blanket
Loves small skittles and will work for them
Avoids social interaction
Flaps when excited
Withdraws in certain social situations - pulls clothing over head and is anxious

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

Doesn't like loud noises
Upset when routine changes or his asked to stop spinning

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



Sample "How I am Incredible!" form for Amelia

My support people:

AMELIA'S FAMILY

~ 2 parents, younger toddler sibling,
supportive parents

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

Responds to greetings from parents
Speaks in 3-4 word sentences when prompted at centre. Does not initiate verbal exchanges with other children and does not respond to their overtures
No emotion 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*):

Some parallel play
Needs adult support to model and prompt co-operative play with 1-2 peers or sibling
Limited self directed social interaction with peers
Interested in peers

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

Likes play dough, reading books, games, puppets, running and jumping
Likes long, thin plant leaf which is with her constantly and she spins it
Joins mat times, sits with others in classroom
Does not like fine motor activities (some delays)

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

does not like fine motor activities

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



How I am Incredible!



Child's Name and Age: _____

My Support People:

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