

Division of Specialized Care for Children

“All About Me” Page Instructions

For best results, please use a desktop computer or laptop to access and download our “All About Me” Page templates. These templates do not work well on mobile devices. (Please note: If you do not have a computer, [many local libraries](#) have computers available for public use.) If you are a Division of Specialized Care for Children (DSCC) participant, your Care Coordinator can also help you access and fill out these pages.

Make sure you have Adobe Acrobat Reader installed on your computer so you can use the editable fields on each template.

Select your favorite PDF template on the [“All About Me” Page section](#) of our website and click on the link. Next, download and save it onto your computer. You can then click on the text boxes to fill in your answers and upload your child’s photo, when possible. Here are more detailed instructions for each template below:

Step 1:

Make sure you have Adobe Acrobat Reader installed on your computer.

If you do not have Adobe Acrobat Reader installed, please select one of the links below for a free Adobe Acrobat download (compatible with Windows or Mac OS).

[Install Adobe Acrobat Reader on Windows](#)

[Install Adobe Acrobat Reader on Mac OS](#)

Step 2:

Open the template of your choice by selecting the template name, such as “Sun template in English,” “Rainbow template in English,” etc.

The template will open in a new window in your browser.

Download the template to your computer by selecting the save or download icon in the top right corner of your screen. The icon may differ based on your internet browser.

Note: You cannot upload a photo to your template unless you have downloaded the template to your computer. Be sure to use Adobe Acrobat to open the template you downloaded and saved.

Step 3:

(For templates with photo capabilities) Upload your child’s photo to the template by selecting the photo icon within the photo box. This will open the “Select Image” window. Select “Browse” to find your child’s photo on your computer. Once you have found the photo, the next steps may be slightly different for some users:

- After finding the photo, some users can select “Open.” A sample of the photo will show up in the “Select Image” window. Select “OK” to import this photo into your template.
- For other users, once you have found the photo, you can select “OK” to import this photo into your template.

Note: Apple/Mac users who have not installed Adobe may have issues uploading photos into these pages.

Step 4:

The “All About Me” template includes empty text boxes. These text boxes have been left empty so you can fill in details about your child. To insert text into the box, select the empty box with your cursor and enter the relevant details.

Step 5:

Save your “All About Me” document by selecting the “save” icon in the top left corner of the Adobe Acrobat window. If you would like to print this document, select the printer icon in the top left corner.

See below for individual template instructions.

Sun Design

Box 1: Enter the youth’s name

Box 2: Enter age of youth

Box 3: Enter the youth’s grade in school

Box 4: Insert picture

Box 5: Enter youth’s strengths, tab to fill each bullet

Box 6: Enter youth’s diagnosis, tab to fill each bullet

Box 7: Enter what works for your youth, tab to fill each bullet

Box 8: Enter who is important to your youth, tab to fill each bullet

Box 9: Enter what your youth is working on, tab to fill each bullet

Box 10: Enter what doesn’t work for your youth, tab to fill each bullet

Box 11: Enter what your youth loves, tab to fill each bullet

The Sun Design form features a sun and cloud illustration. It includes fields for name (1), age (2), and grade (3). A large box (4) is for a picture. A list box (5) is for strengths. A list box (6) is for diagnosis. A list box (7) is for what works. A list box (8) is for who is important. A list box (9) is for working on. A list box (10) is for what doesn't work. A list box (11) is for I love.

Rainbow Design

Box 1: Enter the youth’s name

Box 2: Enter youth’s birthday

Box 3: Enter youth’s age

Box 4: Insert picture

Box 5: Enter youth’s stats for each line

Box 6: Enter youth’s diagnosis

Box 7: Enter youth’s medications

Box 8: Enter youth’s favorite color

Box 9: Enter youth’s favorite food

Box 10: Enter what works for your youth

Box 11: Enter what doesn’t work for your youth

Box 12: Enter your youth’s goals

Box 13: Enter your youth’s strengths

The Rainbow Design form features a rainbow illustration. It includes fields for name (1) and birthday (2). A list box (3) is for age. A large box (4) is for a picture. A list box (5) is for stats. A list box (6) is for diagnosis. A list box (7) is for medications. A list box (8) is for favorite color. A list box (9) is for favorite food. A list box (10) is for what works. A list box (11) is for what doesn't work. A list box (12) is for goals. A list box (13) is for strengths.

Doodles Design

Box 1: Enter the youth's name

Box 2: Enter youth's birthday

Box 3: Insert picture

Box 4: Enter who is important to your youth

Box 5: Enter youth's favorite movie

Box 6: Enter youth's favorite color

Box 7: Enter youth's favorite animal

Box 8: Enter youth's diagnoses

Box 9: Enter youth's medications

Box 10: Enter youth's favorite activities

Box 11: Enter what works for your youth

Box 12: Enter what doesn't work for your youth

Box 13: Enter youth's goals

All About Me

My name is... **1** My birthday is... **2** **3**

My important people... **4** My favorite movie is... **5**

My favorite color is... **6** My favorite animal is... **7**

My diagnoses are... **8** My medication list... **9** My favorite activities... **10**

What works for me... **11** What doesn't work for me... **12** My goals... **13**

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Doodles with Child Figure Design

Box 1: Enter the youth's name

Box 2: Enter youth's birthday

Box 3: Insert picture

Box 4: Enter youth's favorite foods

Box 5: Enter youth's favorite color

Box 6: Enter youth's favorite animal

Box 7: Enter youth's diagnoses

Box 8: Enter youth's medications

Box 9: Enter youth's favorite activity

Box 10: Enter what works for your youth

Box 11: Enter what doesn't work for your youth

Box 12: Enter youth's goals

All About Me

My name is... **1** My birthday is... **2**

My favorite foods are... **3** My favorite color is... **4**

My favorite animal is... **5** My favorite activity is... **6**

My Diagnoses are... **7** My medication list... **8** My favorite activity is... **9**

What works for me... **10** What doesn't work for me... **11** My goals... **12**

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Doodles with Two Child Figures Design

All boxes are the same as the above design (Doodles with Child Figure) except for:

Box 4: Enter youth's favorite character

All About Me

My name is... **1** My birthday is... **2**

My favorite character is... **3** My favorite color is... **4**

My favorite animal is... **5** My favorite activity is... **6**


My Diagnoses are... **7** My medication list... **8** My favorite activity is... **9**

What works for me... **10** What doesn't work for me... **11** My goals... **12**

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Dotted Box with Two Child Figures Design

- Box 1:** Enter the youth's name
- Box 2:** Enter youth's birthday
- Box 3:** Enter youth's favorite color
- Box 4:** Enter youth's favorite food
- Box 5:** Enter youth's strengths
- Box 6:** Enter youth's favorite activities
- Box 7:** Enter youth's grade in school
- Box 8:** Enter what your youth wants to be
- Box 9:** Enter who is important to your youth
- Box 10:** Enter what make your youth unique



The form is titled "All About Me" and features two child figures: a girl in a blue dress and a boy in a green shirt. It contains ten numbered boxes for personal information: 1. My name is, 2. My birthday is, 3. My favorite color is, 4. My favorite food is, 5. My strengths are, 6. My favorite activities, 7. I am in grade, 8. When I grow up, I want to be..., 9. Who is important to me, 10. What makes me unique. At the bottom, it includes the logo for the Division of Specialized Care for Children and the website dccc.illc.edu • (800) 322-3722.

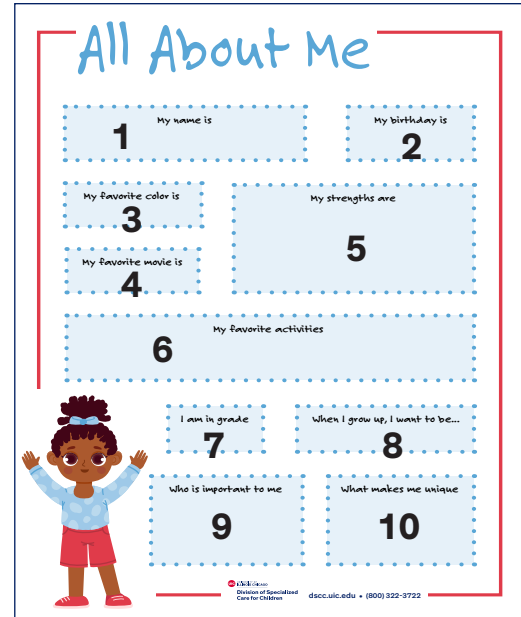
Dotted Box with Boy and Girl Child Figures Design

All boxes are the same as the above design (Dotted Box with Two Child Figures) except for:

- Box 4:** Enter youth's favorite movie



This form is identical to the one above but features a boy figure on the left and a girl figure on the right. The layout and text of the ten numbered boxes are the same, with Box 4 being "My favorite movie is". It also includes the same footer information: dccc.illc.edu • (800) 322-3722.



This form is identical to the one above but features a girl figure on the left and a boy figure on the right. The layout and text of the ten numbered boxes are the same, with Box 4 being "My favorite movie is". It also includes the same footer information: dccc.illc.edu • (800) 322-3722.

Medical - Standard Red Design

- Box 1:** Enter the youth's name
- Box 2:** Enter youth's birthday
- Box 3:** Enter youth's diagnosis
- Box 4:** Enter youth's medications
- Box 5:** Enter what is helpful to know about your youth
- Box 6:** Insert picture
- Box 7:** Enter youth's stats for each line
- Box 8:** Enter youth's parent/caregiver name, address and phone
- Box 9:** Enter youth's physician name and phone

Name: 1	6
Birthdate: 2	
Diagnosis: 3	Weight: _____ Height: _____
Medications: 4	HR: 7 BP: _____ Resp: _____ O2: _____
Helpful to Know: 5	Parents/Caregivers 8 Address: _____ City, State, Zip: _____ Phone: _____
	Physician 9 Phone: _____

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Medical - Standard Blue Design

- Box 1:** Enter the youth's name
- Box 2:** Enter youth's birthday
- Box 3:** Enter youth's strengths and interests
- Box 4:** Insert picture
- Box 5:** Enter youth's diagnosis
- Box 6:** Enter youth's stats for each line
- Box 7:** Enter youth's medications
- Box 8:** Enter what is helpful to know about your youth
- Box 9:** Enter youth's parent/caregiver name, address and phone
- Box 10:** Enter youth's physician name, address and phone

1 Youth's Name Birthdate 2	4
Strengths and Interests: 3	
Diagnosis List: 5	Weight: _____ Height: _____ HR: _____ BP: 6 Resp: _____ O2: _____
Medication List: 7	
Helpful to Know: 8	
Parent/Caregiver: Address: _____ City, State, Zip: 9 Phone Number: _____	Physician: Address: _____ City, State, Zip: 10 Phone Number: _____

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Medical - Multiple Children Design

Boxes for each child are labeled the same on each side for boxes 1 - 7

- Box 1:** Enter the youth's name
- Box 2:** Enter youth's birthday
- Box 3:** Insert picture
- Box 4:** Enter youth's diagnosis
- Box 5:** Enter youth's medications
- Box 6:** Enter youth's stats for each line
- Box 7:** Enter what is helpful to know about your youth
- Box 8:** Enter youth's parent/caregiver name, address and phone
- Box 9:** Enter youth's physician name, address and phone

1 Youth's Name Birthdate 2	1 Youth's Name Birthdate 2
3	3
Diagnosis List: 4	Diagnosis List: 4
Medication List: 5	Medication List: 5
Weight: _____ Height: _____ HR: _____ BP: 6 Resp: _____ O2: _____	Weight: _____ Height: _____ HR: _____ BP: 6 Resp: _____ O2: _____
Helpful to Know: 7	
Parent/Caregiver: Address: _____ City, State, Zip: 8 Phone Number: _____	Physician: Address: _____ City, State, Zip: 9 Phone Number: _____

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