This booklet was designed by the Down Syndrome Association of Minnesota to help you welcome your new student. If you need additional resources on Down syndrome please call our office at 651-603-0720 or 800-511-3696.
We are pleased to share our A Book 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 schools 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.
When our child was born we worried about:

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

Our hopes for this year are:

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

Our lifetime goals for our child are:

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

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

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________
Here is My Family

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 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:

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
Here are some places that I like to go 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:

_______________________________________________________

_______________________________________________________

_______________________________________________________

_______________________________________________________

_______________________________________________________
Look What I Can Do!

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 800 to 1,000 live births is a child with Down syndrome, representing approximately 5,000 births per year in the United States alone. Today, Down syndrome affects more than 250,000 people in the United States.

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 35 years old. However, the incidence of births of children with Down syndrome increases with the age of the mother.

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 in 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 the advances in medical and clinical treatment and opportunities to thrive, as many as 80 percent of adults 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 places 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.
Resources

Books:

Teaching Math to People with Down Syndrome and Other Hands-On Learners (Basic Survival Skills) by DeAnna Horstmeier, Woodbine House


Teaching Reading To Children with Down Syndrome: A Guide for Parents and Teachers by Patricia Logan Oelwein, Woodbine House


Fine Motor Skills in Children with Down Syndrome, Maryanne Bruni, Woodbine House

Down Syndrome Issues and Information, Sue Buckley, The Down Syndrome Educational Trust

Inclusion: 450 Strategies for Success, Peggy Hammeken, Peytral Publications

Visual Strategies for Improving Communication, Linda Hodgdon, QuirkRoberts Publishing

Early Communication Skills for Children with Down Syndrome, Libby Kumin, Woodbine House

The Down Syndrome Nutrition Handbook, Joan Medlen, Woodbine House


Effective Teaching Strategies for Successful Inclusion – A Focus on Down Syndrome, Barbara Tien, The PREP Program

Gross Motors Skills in Children with Down Syndrome, Patricia Winders, Woodbine House

Organizations

Down Syndrome Association of Minnesota
656 Transfer Road
www.dsamn.org
dsamn@dsamn.org

National Down Syndrome Society: www.ndss.org

National Down Syndrome Congress: www.ndsccenter.org