



# All About You, All About Me

Fun Deck®

#FD-80



Prompt:	Date:	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /
1. name													
2. address													
3. city, state, & country													
4. telephone number													
5. age & birthday													
6. grade & teacher													
7. school name													
8. mother													
9. father													
10. brother or sisters													
11. grandparents													
12. when you grow up													
13. favorite color													
14. happy													
15. favorite game													
16. sad													
17. pets													
18. foods you like													
19. angry													
20. favorite movie													
21. sports													
22. ice cream flavor													
23. friends													
24. something you do well													
25. favorite time of day													
26. weekends													
27. best birthday													
28. where you were born													
29. play inside or outside													
30. songs you like													
31. car, boat, plane, or train													
32. something hard to do													
33. where to move													
34. things you like to draw													
35. switch places													
36. vacation													
37. something you collect													
38. favorite time of year													
39. favorite cartoon													
40. when you shop													
41. rainy day activities													
42. chores													
43. favorite place to eat													
44. helped someone													
45. books you like													
46. a time you got hurt													
47. won a million dollars													
48. swim, run, skate, or bike													
49. favorite joke													
50. things in your room													
51. learn at school													
52. mistake													
53. after school													
54. which animal													
55. favorite teacher													
56. dream													
<b>Totals:</b>		/	/	/	/	/	/	/	/	/	/	/	/

**Symbol Key:**      = correct response      = incorrect response      = \_\_\_\_\_





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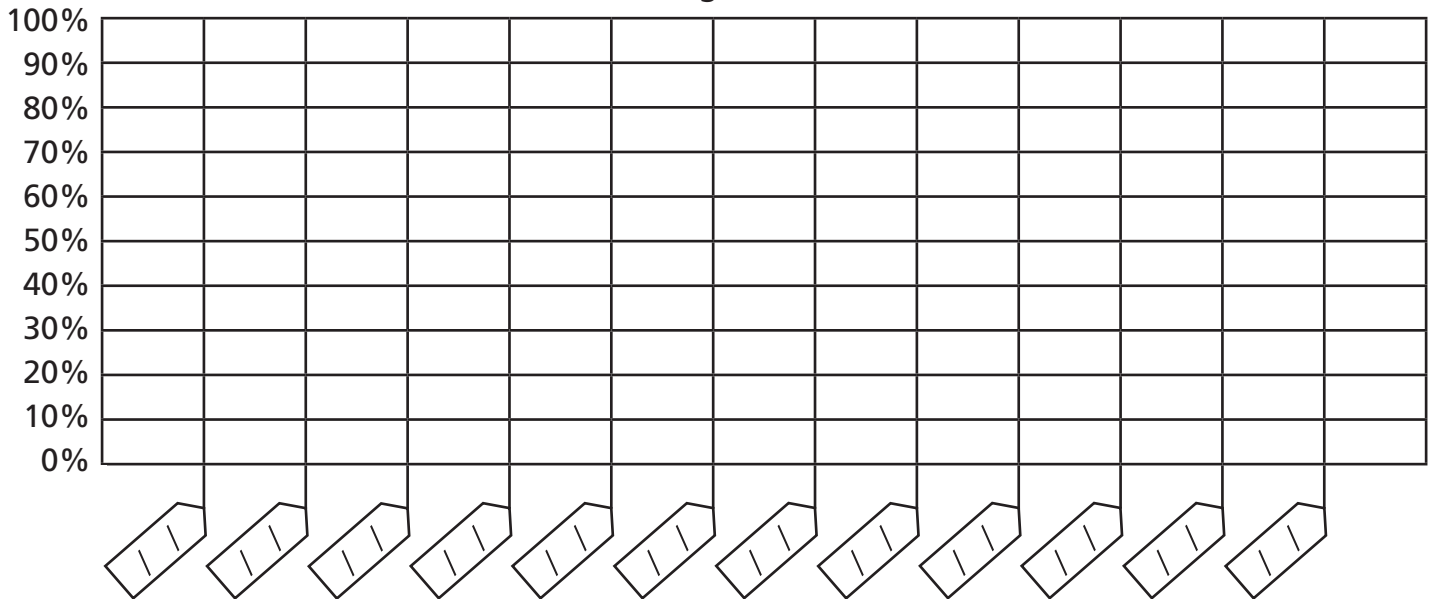
Student: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

I.E.P. Due: \_\_\_\_\_

Goal: \_\_\_\_\_

Progress:



Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recommendations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_