My name is: ALL ABOUT M I like to be called: I take these medications: I have these other conditions: This is Me. My abilities that may be affected by my Autism: Balance: is average / poor My sensory reactions: Response Time: is average / poor Light: Under-Sensitive / Average / Over-Sensitive Social Conversation: is average / poor Noise: Under-Sensitive / Average / Over-Sensitive **Coordination:** is average / poor Touch: Under-Sensitive / Average / Over-Sensitive **Short Term Memory:** is average / poor Pain: Under-Sensitive / Average / Over-Sensitive **Time Management:** is average / poor Smell: Under-Sensitive / Average / Over-Sensitive Concentration: is average / poor Taste: Under-Sensitive / Average / Over-Sensitive Multi-Tasking: is average / poor Sense of Direction: is average / poor Sleep: is average / poor I am fascinated by: When I get upset, I might: I am fearful of:



