

CAN DO LIST

Name: _____ Date: _____

I CAN



Correctly name and point to different parts of my body; for example, "arm", "hand", or "stomach"

YES MAYBE NO

Respond to commands about moving my body; for example, "raise your arm", "move your hand", or "bend your neck"

YES MAYBE NO



Make an appointment at a doctor's office or clinic

YES MAYBE NO

Fill out a form at the doctor's office asking for personal information

YES MAYBE NO



Talk about what I do to stay healthy; for example, "I eat healthy food and exercise often"

YES MAYBE NO

Talk about what I do for exercise and how often I exercise; for example, "I run two times a week"

YES MAYBE NO



Say if hamburgers are healthy or unhealthy

YES MAYBE NO

Say if vegetables are healthy or unhealthy

YES MAYBE NO



Talk about illnesses or being sick; for example, "cough", "headache", or "stomachache"

YES MAYBE NO

Talk to the doctor about what hurts

YES MAYBE NO

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Tell someone if they should take medicine or call the doctor for a headache

YES MAYBE NO

Tell someone if they should take medicine or call the doctor for the flu and a bad fever

YES MAYBE NO

Look at a medicine bottle and read how often to take it

YES MAYBE NO



Talk about what is in a First Aid Kit

YES MAYBE NO

Talk about what to do if someone cuts their finger

YES MAYBE NO

Talk about what to do if someone burns their hand

YES MAYBE NO



Tell someone if I have or do not have allergies; for example, "I am allergic to peanuts"

YES MAYBE NO

Talk about what to do in an emergency

YES MAYBE NO