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| **Strengths/Skills** | **Student may have problems with…** | **Things to try if student experiences difficulty** |
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| **Preferred Activities/Strong Interests** | **Signs that student is experiencing difficulty** | **Action Plan**  **(when extra behavior support is needed)** |
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| **Dislikes/Stressors** |  |  |
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|  |  | **Medical Concerns** |
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| **Additional Comments:** | | **My Contact Information:** |

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\***Update information regularly to keep current. CONFIDENTIAL – please keep in secure location**

**Last updated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Name(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**STUDENT SUMMARY Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**