

STUDENT SUMMARY

Name: _____

Diagnosis: _____

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

*Update information regularly to keep current.

CONFIDENTIAL – please keep in secure location

Last updated _____

Parent Name(s) _____

Phone: _____

