

**STUDENT SUMMARY**

Name: \_\_\_\_\_

Diagnosis, if any: \_\_\_\_\_

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:		Medical Concerns
		Person(s) completing form:
		Contact Information:

\*Update information regularly to keep current.

CONFIDENTIAL – please keep in secure location

Last updated \_\_\_\_\_

Parent Name(s) \_\_\_\_\_

Phone: \_\_\_\_\_

