

# Elementary Student Profile Form

School Name

Student Name:

Room:

Age:

Grade:

Parent/Guardian:

Phone:

Classroom Teacher:

Inclusion Support Teacher:

Skills addressed in this class

Areas of strength/interest

Successful learning strategies/modifications/accommodations needed

Communication strategies

Positive behavior support strategies

Grading and assessment accommodations

Important family/health information

# Secondary Student Profile Form

School Name

Student Name:

Class Schedule:

Room:

Age:

Grade:

Parent/Guardian:

Advocate Teacher:

Phone:

Skills addressed in this class

Areas of strength/interest

Successful learning strategies/modifications/accommodations needed

Communication strategies

Positive behavior support strategies

Grading and assessment accommodations

Important family/health information