

STUDENT QUICK PROFILE

Student: _____ Grade: _____ Date Profile Completed: _____

Case Manager: _____ IEP Implementation: _____ IEP End Date: _____

Please note, all services outlined within each student's Individualized Education Program (IEP) are mandated by state and federal law.

Primary Disability:	Secondary Disability if Applicable
IEP Implementation Date:	Medical/Physical Needs information as applicable, including sensory: vision, hearing, etc.
Student's a. Interests/hobbies b. Preferences (content areas, HOW they learn best in different subject areas, etc.) c. Items & Activities that support engagement for learning	
Peers who are supports/friends: Peers who may be a trigger to student:	
Staff with whom student has strong rapport:	
Related Services & Providers:	
<u>Academic Levels</u> ● Reading Comprehension:	<u>Social-Emotional-Behavioral</u> Behavior Plan: YES NO If yes, was the PBSP reviewed: YES NO Crisis Plan: YES NO

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<ul style="list-style-type: none">● Math Computation: ● Written Expression:	If yes, was the crisis plan reviewed: YES NO Identified Triggers: Strategies to prevent behaviors: Strategies to implement when PBSP targeted behaviors occur:
Academic Strengths:	Social-Emotional-Behavioral Strengths:
Academic Areas for Growth/Challenges:	How do the areas of need manifest in the classroom?
Specially Designed Instruction (SDI) listed in Section VI in the IEP: Supports needed for a Conducive Learning Environment (Accommodations/Modifications):	
Accommodations/Modifications listed above that pertain to my role with the student as listed in the IEP:	
Additional Information as applicable: (i.e., Assistive Technology, Independent Living Skills, Communication Needs, Other areas relevant to student)	