

STUDENT AT-A-GLANCE

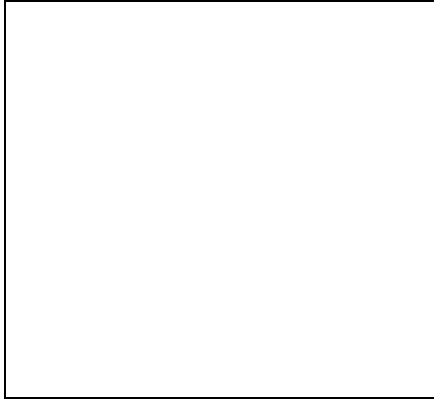


Photo (Optional)

Student Information

Name: _____

Age: _____

Grade: _____

School: _____

Strengths & Challenges

- Strengths: _____
- Challenges: _____

Likes & Dislikes

- Likes (Preferred activities, interests, motivators):

- Dislikes (Triggers, aversions, things to avoid):

IEP Goals & Behavior Intervention Plan (BIP) Steps

- IEP Goals:

- BIP Steps (if applicable):

Assistive Technology & Accommodations

- Technology Used:

- Accommodations Needed:

Modes of Communication (Select all that apply)

- Verbal
- Sign Language
- AAC Device
- Gestures
- PECS

Other: _____

Reinforcers (Effective Motivators for the Student)

- _____
- _____

Medical Concerns & Alerts

- Allergies/Medical Conditions: _____
- Medications (if applicable): _____

Additional Notes

- _____

Teacher/Support Staff Notes & Updates

- Date: _____ Notes: _____
- Date: _____ Notes: _____