

FOR THE PARENT

Student Profile

Child's Name: _____ Date of Birth: _____

School _____ Phone: _____

Grade Level: _____ Date Completed: _____

1. What my child is interested in: _____

2. My child's strengths and abilities are: (academics, sports, social areas):

3. My child's biggest challenges are: _____

4. Help or strategies my child has received in the past that were successful:

5. Possible alternatives and/or additions to his/her current program:

6. Concerns I have in the following areas:

Academics: _____

Speech/Verbal Skills: (expressive language-how well he/she shares information, organizing thoughts, etc.); articulation (pronunciation)

Motor Skills (fine motor skills-handwriting, manipulating objects; gross motor skills-sports) _____

Social/Behavior (peer, adult relations, reading and reacting appropriately to social situations) _____

Self-Help (independent skills such as organizing, managing his/her time, etc.)

Self-Advocacy Skills (understanding his/her learning style and needs and how to share this information with others)

7. Some suggestions I have about working with my child:
