

Student Snap Shot

Student Name:

Age:

Exceptionality:

Service Time for Speech:

Service time for OT/PT:

Date of Last IEP:

Student's mode of communication (verbal, sign language, PECS, AAC device, etc.):

Academic IEP Goals:

1.

2.

3.

4.

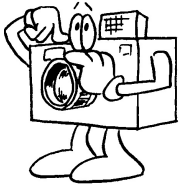
5.

6.

Effective instructional strategies (needed modifications, learning style, etc.):

What are the student's strengths?

What are main areas of concern for this student?



Does the student have a behavior plan? Yes / No

If yes, describe target behaviors, positive behavioral supports, etc.

What are the student's favorite edibles, toys, leisure activities, characters, colors, etc.?

Describe any sensory sensitivities:

Describe any attachments to people, places or things:

Describe any special transportation needs:

Describe any medical conditions that may need particular attention: