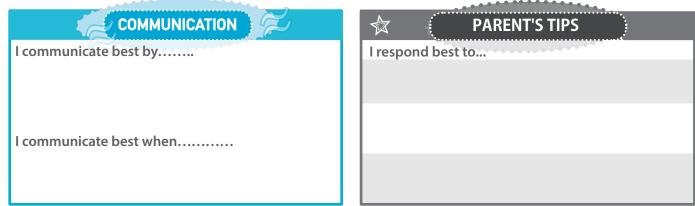


Student Snapshot (COVID-19)

Support me during my transition back to school by reviewing this critical information about my interests, strengths, needs and supports.

critical imorriation abo	out my interests, strengths, no	eeds and supports.		
STUDENT INFO	7			į
Name:		Grade:		
Teacher (2020-2021):		Case manager (2020-2	į	
				L
SUPPORTS/SERVI	CES	MY TEAM \sim		
I had the following supports and services since April: Please review IEP/documents for more information.		Team members:		
Assistive Technology	Occupational/Physical Therapy	H		
Communication Device	Speech and Language Services	H		
Behavior Plan	Testing Accommodations	H		
Health Plan	Transportation	H		
Instructional Aide/Support	Other:			
			-00	
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What makes my child unique:

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TA	CULT.	TC.

		BEHAV	IORS			Active Beh	avior Plan
Sometimes I might	When t	his happen	s	TI	ne best w	ay to help ı	me
	5 (4)						
OTHER THINGS YOU SHOUL	D KNOW!						
	S SP	ARENT CO	ONTACT IN	NFO			
Name:							
Best way to contact me: text	t phone	email	Best time o	of day:			
Phone:		Email:					
DREAM My biggest goal for my child	thic wook						
My biggest goal for my child	illis year.						٧
Three things that happened o	during sum	nmer/schoo	I from home	e:	Mv d	istance lear	ning was
J 11				Z			J
UEALTH / SAFETY / OTHER	CONCER	NC					
HEALTH / SAFETY / OTHER Important information you sho			COVID-	19 Skills:			
portant manning you bli		-	20119	. > - 1111131			