



# Student Snapshot (GENERAL)

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

STUDENT INFO	
Name:	Grade:
Teacher:	Case manager:

### SUPPORTS/SERVICES

I have the following supports and services:  
Please review IEP/documents for more information.

- Assistive Technology
- Occupational/Physical Therapy
- Communication Device
- Speech and Language Services
- Behavior Plan
- Testing Accommodations
- Health Plan
- Transportation
- Instructional Aide/Support
- Other: \_\_\_\_\_

### MY TEAM

Team members:

### STRENGTHS

I am really good at...

### INTERESTS

I like...

### REINFORCERS

I enjoy...

### COMMUNICATION

I communicate best by.....

I communicate best when.....

### TEACHING TIPS

I respond best to...

### UNIQUELY ME

What makes this student unique:

Name: \_\_\_\_\_

### BEHAVIORS

Active Behavior Plan

Sometimes I might...

When these triggers occur...

The best way to help me...


### OTHER THINGS YOU SHOULD KNOW!

\_\_\_\_\_

### PARENT INPUT

Name: \_\_\_\_\_

Best way to contact me:  text  phone  email      Best time of day: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### DREAM

My biggest goal for my child this year: \_\_\_\_\_

Three unique things about my child: \_\_\_\_\_

My biggest concern: \_\_\_\_\_

### HEALTH / SAFETY CONCERNS

Important information you should know: \_\_\_\_\_