

# STUDENT PROFILE

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

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Family Constellation: \_\_\_\_\_

Case Manager: \_\_\_\_\_

Siblings: \_\_\_\_\_ Birth Order: \_\_\_\_\_

## 1. GENERAL OBSERVATIONS:

*IMPRESSIONS:*

  
  
  
  
  
  
  
  
  
  

*LIKES:*

  
  
  
  
  
  
  
  
  
  

*DISLIKES:*

## 2. PRESENT SUPPORTS:

*(Date of assessment, aide time allocation, specialized interventions, reports in file etc...)*

PERSONS INVOLVED (Names):	INTERVENTIONS, DATES ETC...		
	Yes	Name	Comments
<i>SCHOOL RESOURCE :</i>			
<i>INTEGRATION AIDES:</i>			
<i>CONSULTANT FOR SPECIAL NEEDS:</i>			
<i>CONSULTANT FOR AUTISM:</i>			
<i>SPEECH AND LANGUAGE:</i>			
<i>PSYCHOLOGIST:</i>			
<i>OCCUPATIONAL THERAPIST:</i>			
<i>OUTSIDE AGENCIES:</i>			

### 3. CURRENT AREAS OF FUNCTIONING

AREAS	STRENGTHS AND NEEDS
<i>COGNITIVE SKILLS /ADADEMICS:</i>	
<i>LEARNING STYLE</i>	
<i>LANGUAGE AND COMMUNICATION SKILLS (RECEPTIVE AND EXPRESSIVE)</i>	
<i>DAILY LIVING SKILLS (DRESSING, TOILETING, FEEDING, ETC...)</i>	
<i>FINE AND GROSS MOTOR</i>	
<i>SOCIAL SKILLS</i>	
<i>EMOTIONAL /BEHAVIORAL</i>	
<i>LEISURE SKILLS</i>	

**4. MISCELLANEOUS INFORMATION**

1. MEDICAL ISSUES / MEDICATIONS:

2. PENDING REFERRALS:  
[*Internal* (OT, Speech); *External* (Psychiatrist, Pediatrician)]:

**5. GENERAL RECOMMENDATIONS:**

SUBMITTED BY:

NAME(S)	TITLE(S)