



Student Snapshot (COVID-19)

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

STUDENT INFO	
Name:	Grade:
Teacher (2020-2021):	Case manager (2020-2021):

SUPPORTS/SERVICES

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

<input type="checkbox"/> Assistive Technology	<input type="checkbox"/> Occupational/Physical Therapy
<input type="checkbox"/> Communication Device	<input type="checkbox"/> Speech and Language Services
<input type="checkbox"/> Behavior Plan	<input type="checkbox"/> Testing Accommodations
<input type="checkbox"/> Health Plan	<input type="checkbox"/> Transportation
<input type="checkbox"/> Instructional Aide/Support	<input type="checkbox"/> Other: _____

MY TEAM

Team members:

STRENGTHS

I am really good at...

INTERESTS

I like...

REWARDS

I enjoy...

COMMUNICATION

I communicate best by.....

I communicate best when.....

PARENT'S TIPS

I respond best to...

UNIQUELY ME

What makes my child unique:

Name: _____

BEHAVIORS

Active Behavior Plan

Sometimes I might...

When this happens...

The best way to help me...

OTHER THINGS YOU SHOULD KNOW!

PARENT CONTACT INFO

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 things that happened during summer/school from home: _____

My distance learning was...

HEALTH / SAFETY / OTHER CONCERNS

Important information you should know: _____

COVID-19 Skills: _____

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