



Student Profile

School Name: _____ Grade: _____ Room # _____

Student Name: _____ Age: _____

Parent / Guardian _____

Classroom Teacher _____

Inclusion Support Teacher _____

Areas of student strength/interest

Successful learning strategies/modifications/accommodations needed

Communication strategies

Positive behavior support strategies

Grading and assessment accommodations

Important family/health information

For further information on use of this tool, please see "Inclusive Elementary Schools: Recipe for Success" and "Deciding What to Teach and How to Teach It" published by PEAK Parent Center, Inc.