

Profile of: _____

Date completed: _____

<p>Insert photo</p>	<p>Full name:</p> <p>Preferred name:</p> <p>DOB: ____/____/____ Age: _____</p>
<p>Important medical information held in the school office? yes no</p> <p><i>If yes, see other documents for more information.</i></p>	
<p>Family living at home:</p>	<p>Family not living at home:</p>
<p>Specialists:</p>	
<p>Strengths:</p>	
<p>Challenges:</p>	
<p>Goals:</p>	
<p>Likes:</p>	<p>Dislikes:</p>

Expressive communication skills:
(e.g. using sentences/single words/signs/PECS/ other)

Processing time required after verbal/visual instructions:
(e.g. no time needed/give at least 10 sec)

Important Sensory Notes:

Signs which show when the student is anxious or requires assistance:

Possible triggers for behaviours of concern:
(e.g. hot days, interruption to morning routine, noisy environments, late night, hunger, etc.)

Student responds well to the following behaviour support strategies when anxious/upset:
(e.g. use of visuals, drink of water, breaks, quiet teacher voice, running an errand for the teacher, etc.)

Behaviour support strategies which have not worked well in the past:

Student may require support with the following social or self-care tasks:
(e.g. remembering to go to the toilet, packing school bag, joining pre-existing social/play groups)

Preferred method of communication between family and school:

Other information: