

# Student Profile

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

School Year: \_\_\_\_\_

Religious School Name: \_\_\_\_\_

Teacher: \_\_\_\_\_

## Academic Background (Secular School)

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

Teacher(s) Name: \_\_\_\_\_

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

School Year: \_\_\_\_\_

Support/Related Services: \_\_\_\_\_

## Learning Styles

Visual: \_\_\_\_

Auditory: \_\_\_\_

Tactile: \_\_\_\_

Kinesthetic: \_\_\_\_

Details (i.e. routines, prompts, adaptations):

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**Interests/ Likes**

Tangible: \_\_\_\_\_

Social: \_\_\_\_\_

Other: \_\_\_\_\_

**Dislikes**

Tangible: \_\_\_\_\_

Social: \_\_\_\_\_

Other: \_\_\_\_\_

**Expected Behaviors**

When frustrated/ upset/ challenged:

\_\_\_\_\_  
\_\_\_\_\_

When successful:

\_\_\_\_\_

**Comments**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_