**C.P.T.**

**Collaborative Planning Tool**

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| **Student Name:** | **DOB:** |
| **Meeting Participants:** | **Date:** |

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| **STUDENT INFORMATION** |
| **Student Name:** | **School Year:** | **DOB:** |
| **Parents’ Names:** | **Address:** |
| **Phone Numbers:** | **Email:** |

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| **ACADEMIC BACKGROUND** |
| **Current (Religious) School:** | **Grade:** |
| **Teacher’s Name (Religious School):** | **Support/Related Services (at Religious School):** |
| **Current (Secular) School and Grade:** | **Support/Related Services (at Secular School):** |

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| **Current Academic Level: (**Briefly describe) |
| **PREFERRED LEARNING STYLES****Visual \_\_\_\_ Auditory \_\_\_\_****Tactile \_\_\_\_ Kinesthetic \_\_\_\_****Details (how does student learn best):**  |
| **INTERESTS/LIKES****Tangible:****Sensory:****Social:****Other:** |
| **DISLIKES****Tangible:****Sensory:****Social:****Other:** |

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| **Areas in Need of Support:****(**What tasks or skills are difficult or frustrating for the student?) |
| **Strengths: (**student’s interests, abilities, motivations) |
| **Goals for this academic year:** (parents’ and/or student’s in regards to Jewish education)**Short-term (3-6 months):****Long-term (by end of academic year):** |
| **Behavioral Concerns/Expectations:** |

***We understand that this is not a legal or binding document. We are sharing this vital information about our child in an effort to make this year as successful as possible.***

Signature of Parent(s):

Signature of Teacher(s)/Administrator/Staff: