

# HELP US GET TO KNOW YOUR STUDENT

Date \_\_\_\_\_

Role or Position \_\_\_\_\_

Name of Person completing form \_\_\_\_\_

Please fill out this form to facilitate the transition of \_\_\_\_\_

Name of student

Student's next grade/school \_\_\_\_\_

- 1. What do you enjoy about this student?**
- 2. What are some of the student's strengths, gifts, accomplishments?**
- 3. What specific teaching strategies and learning style needs should be addressed for this student?**
- 4. What is the student's learning objectives?**
- 5. What are the supports and strategies that prompt appropriate behavior in the classroom and during transitions between activities?**

- 6. What strategies have not worked in the past?**
  
- 7. Who are the student's friends?**
  
- 8. Briefly describe some of the ways the student participates in the general education classroom. Include adaptations, peer supports assigned roles or jobs, etc.**
  
- 9. Describe how this student communicates if they are non verbal (devices, strategies, etc.)**
  
- 10. Are there any self help skills that need to be addressed? (eating, toileting, dressing, etc.)**
  
- 11. Does your student have any mobility issues?**
  
- 12. Does your student require any adaptive equipment?**