



Student Profile Form - 8 to Graduate

Name: _____	Age: _____
Grade/Class: _____	IEP: Y N Exceptionality: _____
School: _____	Crown or in Care: Y N
Number of Credits Accumulated: _____	Date: _____

Sources of Information

Review of OSR, including previous report cards _____ Consultation with parents _____ Consultation with previous & current teachers _____ Consultation with support team _____ Classroom observation checklist _____ Educational assessments _____	Interest and/or learning style inventory _____ Work samples, assignments, projects _____ Teacher-student surveys _____ Peer and self-assessments _____ Other (specify) _____
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Findings from Information Sources and Assessments - Strengths and Areas of Need

Social-Emotional	Behavioural	Instructional

Assessment and Instruction

Behavioural/Social Emotional Considerations	Considerations for Assessments	Considerations for Instructional Strategies

Available Resources/Supports/Interventions

Available Resources/Supports/Interventions
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