

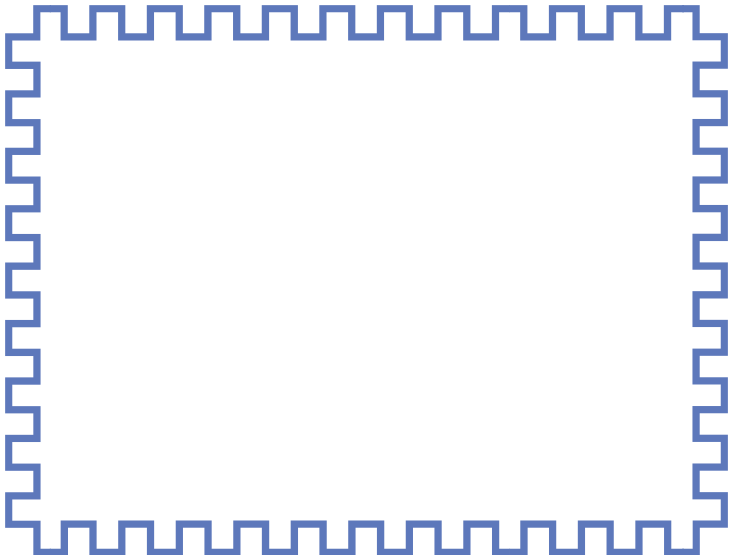


SCHOOL PASSPORT

MY CHILD AT-A-GLANCE

Dear Teacher, Administrator, Specialist, or Clinician:

I would like to tell you a bit about my child. While there is much more to know than one piece of paper can tell, I hope this at-a-glance highlights information about my child that might be useful. Thank you!



PICTURE OF
IN

IDENTIFYING INFORMATION

NAME

BIRTHDAY

PARENT
NAME(S)

BEST
CONTACT

MEDICATIONS / ALLERGIES

LANGUAGES SPOKEN

A GREAT PERSON TO TALK TO ABOUT MY CHILD AND SERVICES /
ACCOMMODATIONS IN PREVIOUS SCHOOLS IS:

DETAILS ABOUT MY CHILD

MY CHILD'S STRENGTHS

MY CHILD'S CHALLENGES

MY CHILD'S FAVORITE THING TO DO

MY CHILD'S LEAST FAVORITE THING TO DO

SUPPORTS MY CHILD RECEIVES OR RECEIVED

SPECIAL EDUCATION/LEARNING SUPPORT IN SCHOOL

SCHOOL NAME/LOCATION:

FROM _____/_____/_____ TO _____/_____/_____
IF IN THE PAST, SERVICES WERE DISCONTINUED BECAUSE:

SPEECH/LANGUAGE THERAPY

CLINICIAN NAME/LOCATION:

FROM _____/_____/_____ TO _____/_____/_____
IF IN THE PAST, SERVICES WERE DISCONTINUED BECAUSE:

OCCUPATIONAL THERAPY

CLINICIAN NAME/LOCATION:

FROM _____/_____/_____ TO _____/_____/_____
IF IN THE PAST, SERVICES WERE DISCONTINUED BECAUSE:

COUNSELING/BEHAVIOR

CLINICIAN NAME/LOCATION:

FROM _____/_____/_____ TO _____/_____/_____
IF IN THE PAST, SERVICES WERE DISCONTINUED BECAUSE:

PHYSICAL THERAPY / PHYSIOTHERAPY

CLINICIAN NAME/LOCATION:

FROM _____/_____/_____ TO _____/_____/_____
IF IN THE PAST, SERVICES WERE DISCONTINUED BECAUSE:

OTHER

CLINICIAN NAME/LOCATION:

FROM _____/_____/_____ TO _____/_____/_____
IF IN THE PAST, SERVICES WERE DISCONTINUED BECAUSE: