

**Important Student Information in Brief for Teachers/Staff**



**RE:** \_\_\_\_\_ (Student)

TO: \_\_\_\_\_ (Teacher/Provider) Date: \_\_\_\_\_

FROM: \_\_\_\_\_ (Teacher/Case Manager/Provider/Team/Parents)

It's often helpful for the regular education teachers and staff of our students to understand the nuances of the way certain students learn and behave. If I can answer any questions for you or be of assistance, please don't hesitate to contact me. We're teaming up to help our students learn best! ☺

**Student has an:** IEP\_\_\_\_ 504 Plan\_\_\_\_ Behavior Plan\_\_\_\_ Other\_\_\_\_\_

**Receives the following Services:**

SDC \_\_\_\_ SL\_\_\_\_ OT\_\_\_\_ APE\_\_\_\_ Resource \_\_\_\_ Counseling\_\_\_\_ Others\_\_\_\_\_

**This student's primary disability is:** \_\_\_\_\_

**Takes Medication(s):** No\_\_\_\_ Yes\_\_\_\_ **Meds Taken:** \_\_\_\_\_

**Has an Emergency Health Plan:** No\_\_\_\_ Yes\_\_\_\_ **RE:** \_\_\_\_\_

You may notice that she/he:

- \_\_\_\_\_ Is easily distracted.
- \_\_\_\_\_ Is impulsive
- \_\_\_\_\_ Has sensory processing issues
- \_\_\_\_\_ Has trouble sitting still
- \_\_\_\_\_ Can be impatient
- \_\_\_\_\_ Has trouble processing and responding to verbal directions
- \_\_\_\_\_ Has trouble processing and responding to written directions
- \_\_\_\_\_ Has trouble organizing and/or finding his/her work
- \_\_\_\_\_ Has trouble remembering instructions
- \_\_\_\_\_ Has trouble remembering information
- \_\_\_\_\_ Is very timid
- \_\_\_\_\_ Can be emotional or sensitive
- \_\_\_\_\_ Is easily angered
- \_\_\_\_\_ Has trouble with social skills
- \_\_\_\_\_ Others:



**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please see the list of attached accommodations/modifications from his/her "Plans" that will need to be offered in your classroom/environment.

- \_\_\_\_ Yes, please share this information sheet with any staff that may work with or supervise my child to ensure each is informed of his/her needs.
- \_\_\_\_ No, I prefer this information NOT be shared with other staff, even if they might work with or supervise my child. I further understand that if NOT shared, some staff may not be aware of some of my child's specific needs.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_