

STUDENT PROFILE

Name: _____ Grade: _____

Parent/Guardian: _____

Phone: _____ Email: _____

Birthday: _____ Reading Level: _____ Math Level: _____

Health Notes:

Allergies: _____

Medications: _____

Learning Preferences: ☐ Visual ☐ Auditory ☐ Kinesthetic

Interests: _____

Strengths: _____

Areas Needing Support: _____

Additional Notes:
