

STUDENT QUICK REFERENCE

For Substitute Teachers & Support Staff

Student Name: _____

Learning Needs:

- _____
- _____
- _____

Effective Strategies:

- _____
- _____
- _____

Things to Avoid:

- _____
- _____

Emergency Contacts:

Parent: _____ Phone: _____

Counselor: _____ Ext: _____

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