

# 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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