

Student Profile Sheet

2022-23 Recovery Services

Your student will likely have a teacher who has no familiarity with his or her learning profile, including social/emotional/behavioral needs.
Provide detailed information as requested below to support the success of your student(s).

STUDENT INFORMATION:

Student Name: _____ FCPS ID Number: _____ Grade in 2022-23: _____ Date of Birth: _____
2022-23 School: _____ Gender: ☐ Male ☐ Female Primary Disability: _____ Primary Service: _____
Fall 2022 Proposed School: _____ Current IEP/504 Case Manager: _____ In-Person ☐ Virtual ☐

STUDENT SPECIFIC MATERIALS

Teachers are sending student specific materials: Uploaded SEA-STARs: Yes ☐ No ☐ Items Ponied: Yes ☐ No ☐

EVIDENCED-BASED PROGRAMS

Indicate the specific evidence-based and instructional programs, including levels and lessons, the student ended with this school year and will use during recovery services:

☐ Reading Program: Level: _____ Lesson: _____ ☐ Math Program: Level: _____ Lesson: _____
☐ Writing Program: Level: _____ Lesson: _____ ☐ Social Skills: Level: _____ Lesson: _____
☐ Other: Level: _____ Lesson: _____

SELF-CARE INFORMATION:

Please check the following, as applicable:

MEALTIMES

☐ Independent ☐ Total Assistance* ☐ Food Provided by Parent Only
☐ Monitor / Verbal Prompts ☐ Feeding Tube* ☐ Special Diet (please specify)
☐ Physical Prompts* ☐ Mealtime Plan**attach a copy

TOILETING

☐ Independent ☐ Direct Assistance* ☐ Uses Mechanical Lift*
☐ Verbal Reminders ☐ Independently Uses Group Bathroom ☐ Uses Absorbent Underwear
☐ Schedule Trained* ☐ Uses Changing Table* ☐ Specialized Toilet Seat*

POSITIONING

☐ Requires Special Positioning Equipment* ☐ Can Remain in Wheelchair _____ Hours or ☐ All Day ☐ Transfer Using Lift or Equipment*
☐ Needs Repositioning Frequency: _____ ☐ Uses Walker or Crutches ☐ Transfer On and Off Bus*
☐ Transfer Using: ☐ 1 or ☐ 2 people ☐ Movement / Weight Bearing Restrictions*

*Please provide specific information for each item checked with an asterisk *(i.e., student can climb onto the changing table, student requires a two-person lift, needs a stand pivot transfer, diaper can be changed standing up, any specifics on feeding issues, etc.):

**If needed, please communicate with one of your related service providers (OT, PT, SLP) about the Mealtime Plan.

Other special equipment used that is provided by caregiver:

Health Care Plan: ☐ Yes ☐ No (attach a copy) List any specific trainings required: _____

SOCIAL / EMOTIONAL / BEHAVIORAL INFORMATION:

Please check the following areas of NEED or DIFFICULTY, as appropriate:

WORK HABITS

- ☐ Independently Follows Directions
- ☐ Maintains Attention
 - How Long:
 - ☐ 1:1 Setting:
 - ☐ Small Group (2-4 students):
 - ☐ Large Group (5 or more students):
- ☐ Works Independently
 - How Long:
 - Activity Schedule: ☐ Yes ☐ No
- ☐ No Concerns

CHANGES AND TRANSITIONS

- ☐ Difficulty with Arrival
- ☐ Difficulty with Departure
- ☐ Movement within the Building
- ☐ Preferred to Non-Preferred Activities

RECEPTIVE COMMUNICATION

Please provide specific information for each item checked (i.e., describe challenges, strategies implemented/effective)

BEHAVIORS OF CONCERN

- ☐ Aggression – physical
- ☐ Aggression – verbal
- ☐ Self-Injurious
- ☐ Elopement concerns
- ☐ Other:
- ☐ No Concerns

EXPRESSIVE COMMUNICATION

- ☐ Verbalizations
- ☐ PECS – Phase:
- ☐ Communication Board / # of Cells:
- ☐ Augmentative Device:
 - # of Cells/Page: # of Levels Used:
- ☐ Device Use Requires Prompting
- ☐ Signs
- ☐ Gestures
- ☐ Vocalizations
- ☐ No Concerns
- ☐ Responds to Name when Called
- ☐ Responds to Gestures / Signs
- ☐ Follows Simple Verbal Directions
- ☐ Follows Multi-Step Directions
- ☐ Uses Visuals to Support Understanding

ADDITIONAL INFORMATION

- ☐ Child Custody Court Order
- ☐ functional behavioral assessment (FBA)
- ☐ Behavior intervention plan (BIP)

Please provide specific information for each item checked (i.e., describe challenges, strategies implemented / effective.

Describe any motivational system such as a reinforcement schedule / token board / checklist):

Describe preferred activities:

CONTACT YOUR PROCEDURAL SUPPORT LIAISON (PSL) WITH ANY QUESTIONS YOU HAVE ABOUT COMPLETING THIS FORM.

Form Completed By:

Date: