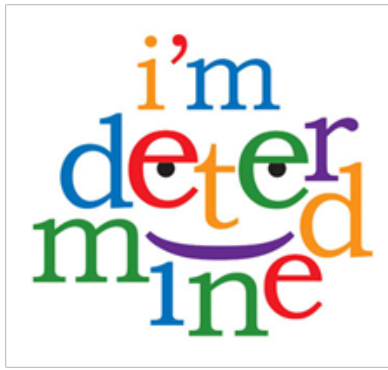


Name:
Address:



Date:

My Strengths

- What do I do well in school?
- What do I do well at home or in my community?
- What do other people say are my strengths?

My Interests

- What do I like to do when I am not in school?
- What activities or organizations do I enjoy participating in?
- What are my hobbies?

My Preferences

- What works for me? What helps me be successful?
- Where do I see myself in the future:
 - Living?
 - Working?
 - Doing for fun?



My Needs

- What are the accommodations that help me?
- How can others help me?
- What are some things that are difficult for me?

