

# MY FAMILY FACTS

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Contact Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Parent(s)/Guardian Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Address(if different from above): \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Strengths: \_\_\_\_\_

Child's Challenges: \_\_\_\_\_

Diagnosis(es): \_\_\_\_\_

Allergies: \_\_\_\_\_

Medication with dosage:


Child's Triggers: \_\_\_\_\_

Name of School/Facility: \_\_\_\_\_

List current Service Agencies Involved: \_\_\_\_\_

Current Student Goals:

School Goals:	
Community Goals:	
Personal Goals:	
Social Skills Goals:	

Current Goal Plan(s): (IEP, FSP,...)

Does Child/Family have a Safety Plan: YES or NO

Other Info or Concerns: