

Student Services Profile (A-1.1)

Clear Education Specialist Candidates

DIRECTIONS: Completing the Profile will help you learn about your teaching context. Consult with your support provider, your administrators, and colleagues, to gather information about your learning context. You may add to the Class Profile at any time as you learn about your students, school, and district. Revisit this Class profile throughout the year. If your district/school provides this information in another format, make a copy and attach the information.

Student Name	Grade/Age	English Learner (Check if applicable)	Primary Disability (Code Using Identifiers below)	IEP Meeting/Dates	Accountability Outcomes	Designated Instructional Services
		<input type="checkbox"/>		Annual Triennial	<input type="checkbox"/> CST <input type="checkbox"/> CAHSEE <input type="checkbox"/> CMA <input type="checkbox"/> CAPA	<input type="checkbox"/> Speech/Language <input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> APE <input type="checkbox"/> Transition <input type="checkbox"/> Other_____
		<input type="checkbox"/>		Annual Triennial	<input type="checkbox"/> CST <input type="checkbox"/> CAHSEE <input type="checkbox"/> CMA <input type="checkbox"/> CAPA	<input type="checkbox"/> Speech/Language <input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> APE <input type="checkbox"/> Transition <input type="checkbox"/> Other_____
		<input type="checkbox"/>		Annual Triennial	<input type="checkbox"/> CST <input type="checkbox"/> CAHSEE <input type="checkbox"/> CMA <input type="checkbox"/> CAPA	<input type="checkbox"/> Speech/Language <input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> APE <input type="checkbox"/> Transition <input type="checkbox"/> Other_____
		<input type="checkbox"/>		Annual Triennial	<input type="checkbox"/> CST <input type="checkbox"/> CAHSEE <input type="checkbox"/> CMA <input type="checkbox"/> CAPA	<input type="checkbox"/> Speech/Language <input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> APE <input type="checkbox"/> Transition <input type="checkbox"/> Other_____
		<input type="checkbox"/>		Annual Triennial	<input type="checkbox"/> CST <input type="checkbox"/> CAHSEE <input type="checkbox"/> CMA <input type="checkbox"/> CAPA	<input type="checkbox"/> Speech/Language <input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> APE <input type="checkbox"/> Transition <input type="checkbox"/> Other_____
		<input type="checkbox"/>		Annual Triennial	<input type="checkbox"/> CST <input type="checkbox"/> CAHSEE <input type="checkbox"/> CMA <input type="checkbox"/> CAPA	<input type="checkbox"/> Speech/Language <input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> APE <input type="checkbox"/> Transition <input type="checkbox"/> Other_____
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		<input type="checkbox"/>		Annual Triennial	<input type="checkbox"/> CST <input type="checkbox"/> CAHSEE <input type="checkbox"/> CMA <input type="checkbox"/> CAPA	<input type="checkbox"/> Speech/Language <input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> APE <input type="checkbox"/> Transition <input type="checkbox"/> Other_____

*** Possible Identifiers:** **AUT**–Autism **D/B**–Deaf Blindness **D**–Deaf **ED**–Emotional Disturbance
EMD–Established Medical Disability **HH**–Hard of Hearing **ID**–Intellectually Disabled
MUL–Multiple Disabilities **OI**–Orthopedic Impairment **SLD**–Specific Learning Disability
SLI–Speech or Language Impairment **TBI**–Traumatic Brain Injury
VI–Visual Impairment **OHI**–Other Health Impairment

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Students who are Gifted and Talented:

Name	Academic Strengths	Social Strengths	ILP Goals	Recommendations

Students who are English Learners:

Name	Student's Primary Language ¹	Languages spoken in the home ¹	English Language Proficiency Levels ²				Years of ELD Instruction	Migrant Program	Redesignated
			Listening Speaking	Reading	Writing	Composite Score			
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
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								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>

¹ Found in the Home Language Survey

² Based on the California English Language Development Test (CELDT)

Students with 504 Plans:

Name	Classroom Accommodations	Behavioral Support Strategies	SST Meeting Notes