



PHOTO

Name:

DoB:

Tutor group:

### All about me

- \*
- \*
- \*
- \*

### Key information

Reading age: *school staff to complete*

Exam concessions: *school staff to complete*

External agency involvement:

Medication:

### Area of need

- \*
- \*
- \*
- \*
- \*

### I learn best when...

- \*
- \*
- \*
- \*
- \*

### What I find difficult is...

- \*
- \*
- \*
- \*
- \*

### Strategies to support area of need

- \*
- \*
- \*
- \*
- \*

### Resources/aids/strategies that help me most are:

- \*
- \*
- \*
- \*
- \*

### Support

- \*
- \*
- \*
- \*
- \*

Students that I do not work well with are: