



PERSONAL PROFILE PART 2

Student Name _____ DOB _____

Date _____ School _____ Grade _____

Interests (What I like doing...)

Strengths (What I am good at...)

Success (What works for me...)

Barriers (What does not work for me...)

Dreams (In the future, I want to...)

Issues (I need help with...)

DESIRED SCHOOL OR POST-SCHOOL OUTCOMES (To be updated/addressed in IEP each year beginning at 16 years)

I want to...