

# Student Portrait

IDENTIFICATION OF STUDENT	
Name:	
Birth date:	
School:	Group:

PORTRAIT UPDATE			
Terms	Term 1	Term 2	Term 3
Date :			
By :			

PARTNERS	
✓ Name:	• Public or Private
Specify: Staff Member(s) :	Specify : Staff Member(s) :

STUDENT'S CHARACTERISTICS	
Other disabilities	Specify:
Specialized Equipment	Specify:
State of Health	Medications:
	Allergies :
	Other:

ÉVALUATIONS		
Evaluation information: •	Date :	By :
Evaluation information: •	Date :	By:
Evaluation information:	Date :	By :

CHARACTERISTICS	INTERESTS	ABILITIES & STRENGTHS	INABILITIES & VULNERABILITIES	INDEPENDANCE	EXTERNAL RESOURCES (HUMAN AND MATERIAL)
GROSS OR FINE MOTOR (PHYSICAL AND SENSORIAL)					

<b>EMOTIONS AND SOCIALISATION</b>					
<b>INTELLECTUAL FUNCTIONING</b>					
<b>COMMUNICATION</b>					

Completed by:	Date :
---------------	--------