**Class Profile (A-1)**

**DIRECTIONS:** Completing the Class Profile will help you learn about your teaching context. Consult with your support provider, your administrators, and colleagues, to gather information about your teaching 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 it.**

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| --- | --- | --- | --- | --- | --- |
| Student Name | Date of Birth  (K-3 only) | Identifiers\* | | | Comments  Academic strengths, social strengths, notes about parents, and any other factors that may impact the planning and delivery of instruction and/or student learning |
| English Learner  (Check if applicable) | Special Needs  (Check if applicable) | |
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**\* Possible Identifiers: 504 Plan -** Legal in-class accommodations**; GATE** - Gifted & Talented Education;

**MED**- Medical Condition; **MI. Ed.** - Migrant Education; **RSP** - Resource Specialist Program;

**Ret** - Retained; **S/L** - Speech & Language; **SP** - Special Education w/IEP; **SST** – Student Study Team interventions; **FY** – Foster Youth; **H** – Homeless; **HR** – High Risk

**Class Profile (A-1)**

**DIRECTIONS:** Consult with your support provider, administrators, and colleagues to gather information about your teaching 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. Enter applicable information. Use first names to protect confidentiality.

**If your district/school provides this information in another format, copy and attach it.**

**Students with Medical Conditions:**

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| --- | --- | --- | --- |
| Name | Emergency  Contact | Condition | Support  (Resources, Assistive Technologies) |
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**Students with Individualized Educational Plans (IEP):**

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| --- | --- | --- | --- | --- |
| Name | Next IEP Meeting Date | Classroom Accommodations/  Modifications | Behavioral Support Strategies | Case Carrier |
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**Students with 504 Plans:**

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| --- | --- | --- |
| Name | Classroom  Accommodations | Behavioral Support Strategies |
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**Students with Previous Student Study Team (SST) Interventions:**

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| --- | --- | --- |
| Name | SST Date to Reconvene | Interventions to Implement |
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**Students who are Advanced Learners and/or Gifted and Talented (GATE):**

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| --- | --- | --- | --- | --- |
| Name | Academic Strengths | Social Strengths | Designated GATE | Areas for Growth/Challenge |
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**Students who are English Learners (EL):**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name | Student’s Primary Language1 | Languages spoken in the home1 | Translator needed | English Language Proficiency Levels2 | | | | Years of ELD Instruction | Migrant  Program | Reclassified |
| Listening Speaking | Reading | Writing | CompositeScore |
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1 Found in the Home Language Survey

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