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| --- | --- | --- | --- |
| **Name:** **Age:** **Gender:**  | **Support Specialist:**  | **Initial Contact Date:**  | **Requested Topics:**  |
| **Diagnosis(es):**  | **Learning Ability/Style:**  | **Likes/Dislikes:**  | **Employment:**  |
|  |
|  | **Teacher Guide** | **Materials Needed**  | **Additional Notes** |
| **Lesson Objectives** |  |  |  |
| **Lesson Overview** |  |  |  |
| **Icebreaker**  |  |  |  |
| **Summary of Tasks/Actions** |  |  |  |
| Active Engagement  |  |  |  |
| Take Home Tasks |  |  |  |