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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 |  |  |  |