

2017-2018 SCHOOL INFO – **includenyc**

STUDENT NAME _____ SCHOOL _____

CLASS _____ ROOM _____

TEACHER(S) _____ PARA(S) _____

TEACHER'S PREFERRED FORM OF CONTACT (EMAIL, NOTEBOOK, ETC): _____

ROLE	NAME	PHONE	EMAIL	SCHEDULE
OCCUPATIONAL THERAPIST				
PHYSICAL THERAPIST				
SPEECH THERAPIST				
COUNSELOR				
OTHER				

HAVE YOUR CHILD'S CARE TEAM FILL OUT THEIR INFO
AND POST THIS ON YOUR REFRIGERATOR OR SOMEWHERE EASY TO FIND ↑

↓
FILL OUT THIS PIECE, PLACE IN A PLASTIC BAG OR LAMINATE,
AND KEEP IN YOUR CHILD'S BACKPACK.

ABOUT ME _____ **includenyc**

MY NAME IS _____

I GO TO _____ (SCHOOL) AND MY TEACHER IS _____ (TEACHER)

IF NEEDED, PLEASE CONTACT _____ (EMERGENCY CONTACT NAME) AT _____ (PHONE NUMBER)

OR _____ (EMERGENCY CONTACT NAME) AT _____ (PHONE NUMBER)