**At A Glance Form**

**Willard Special Services Dept**

Student Name:  Date Completed:

Current Grade Level:

Completed By:

*These are the top 10 things that are important to know when working with this student.*

 1.

 2.

 3.

 4.

 5.

 6.

 7.

 8.

 9.

10.

**Have a great year!**

***Please put a copy of this information in the student’s Special Education File.***

*Updated 1/18/19*