10-12 Albert Street, Geelong West VIC 3218
Phone: 03 5221 2984
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www.autismhelp.info

Student Summary Form

Name: _____

General impressions	Student may have difficulty with…	Things to try if there is a problem
Preferred activities / Obsessive interests	Signs that student is experiencing difficulty	Emergency Support Plan
Dislikes / Stressors		
		Medical Condition/s

Completed on _____ Parent name _____ Phone_____