



People Who are Helping Me Learn

Name of Pre-School/School: _____

Address of School: _____

Grade: _____ Date of IFSP/IEP: _____

CONTACT	NAME	PHONE # / FAX #	E-MAIL	COMMENTS
TEACHER				
PRINCIPAL				
SECRETARY				
NURSE				
SCHOOL PSYCHOLOGIST				
SCHOOL SOCIAL				



WORKER				
SERVICE COORDINATOR				
CLASSROOM AIDE				
TRANSPORTATION				