

Infused Skills Grid

School Name: _____

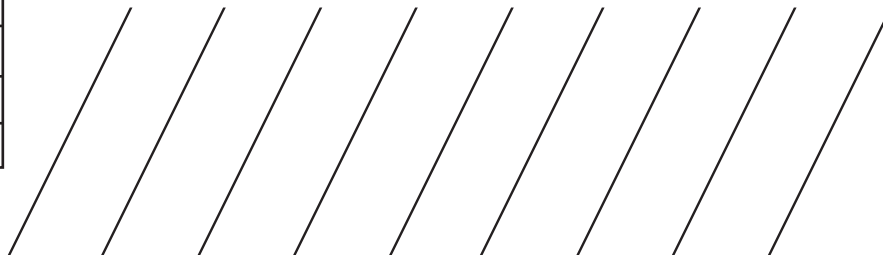
Student Name: _____ Age: _____ Grade: _____

Parent/Guardian: _____ Phone: _____ Email: _____

Inclusion Support Teacher: _____ Phone: _____ Email: _____

Class	Room

Infused Skills



Activities/Subjects/Environments

Check here if the infused skill has been identified by:

Family
Student
Peers
School

For further information on the use of this tool, please see "Inclusive Elementary Schools: Recipes for Success" and "Deciding What to Teach and How to Teach It" published by PEAK Parent Center, Inc."



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