



HEART Student Support Form

Name:

Age:

Class/Show Location:

Parent/Guardian:

Telephone:

Please describe your child's strengths and talents:

Describe teaching strategies or techniques that are helpful when working with your child:

Describe any accommodations that may be necessary to support your child:

List any support that will benefit your child in group settings:

Transitions:

List any medical information that we should be aware of:

Allergies:

Safety concerns:

Students who enroll in the HEART program will be supervised in small or large group settings.
We do not provide one on one supervision

Please contact the HEART Coordinator with any questions or concerns.

Josie Strickler
HEART Coordinator
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