My Personal Self-Advocacy Plan

Name:
Grade:
Date:
My disability is:
My learning strengths are:
Thy realiting strengths are:
My learning weaknesses are:
Thy realiting treatments are.
Hearn best when:
Tream sest when.
The specific classroom accommodations I need are:
The specific classroom accommodations theed are.
I need to develop the following self advocacy skills:
I need to develop the following self-advocacy skills: