**FOODS AND NUTRITION – Student Profile**

Name: Grade: Homeroom:

Counsellor:

Phone Number(s):

Do you receive ESL or LRC?

**Parent or Guardian contact during the day:**

Name (*first and last*):

Phone number(s)/e-mail address:

**TIMETABLE:**

|  |  |  |  |
| --- | --- | --- | --- |
| **PERIOD** | **COURSE** | **ROOM** | **TEACHER** |
| **A** |  |  |  |
| **B** |  |  |  |
| **C** |  |  |  |
| **D** |  |  |  |
| **E** |  |  |  |
| **F** |  |  |  |
| **G** |  |  |  |
| **H** |  |  |  |

**Medical Information:**

Food allergies:

Diet restrictions:

**Medical problems** (that teacher should be aware of)

**General Information:**

Reason(s) for taking this course:

Letter grade you hope to obtain:

Are you involved in any activity (e.g. job, extracurricular) that might take you away from class for any length of time?

**RECORD OF INTERVENTIONS/PARENT OR GUARDIAN CONTACT**

|  |  |  |
| --- | --- | --- |
| **Date** | **Issues and Action** | **Follow-up** |
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