Student’s Name ↓

**Adult**

**Centered**

**Tool**

**on Life**

**ReACT**

**Today’s Date:**

**True Colors Continuum: (Personality Temperament Informal Assessment)**

ORDER OF COLORS

**Facilitator:**

**Age of student**: **Date of Birth:**

**Parents have guardianship: Yes No**

**Has Texas ID: Yes No**

**Disability (student’s description: Yes or No or Team Description: Yes or No): LIST: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Considering Guardianship**: Yes or No

How does the disability affect this person?

List information given to the parent Here:

**Years of eligibility left: Last year of eligibility**

|  |  |
| --- | --- |
| **List Years of Eligibility** | **List age** |
|  |  |
|  |  |
|  |  |
|  |  |

**People Attending:**

|  |  |  |
| --- | --- | --- |
| **Name:** | **Title/Relationship** | **E-mail** |
|  | Student |  |
|  |  |  |
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**CC**:

**CELEBRATIONS:**

**Issues/concerns at this time:**

|  |  |
| --- | --- |
| **Concerns: (long term and immediate)**  **1.** | **ISSUES: (short term and need to be listed in order to support these immediately)**  **1.** |
|  |  |
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|  |  |

**ACTION Plan**

**Goals for Today for a year:**

1.

2.

3.

|  |  |  |
| --- | --- | --- |
| ACTIONS to achieve above mentioned immediate goals?? | By Who? | By When? |
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Next RE-ACT on LIFE: