

Studerandes namn: \_\_\_\_\_

Soc. Signum: \_\_\_\_\_ Tel nr: \_\_\_\_\_

Närmast anhörig/kontaktperson: \_\_\_\_\_

Adress: \_\_\_\_\_

Tel nr / e-post: \_\_\_\_\_

Önskat kontaktsätt: \_\_\_\_\_

**Familjesituation**

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**Bakgrund** (grundskola, utbildning, arbetserfarenhet, kurser etc.)

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**Fritid/socialt umgänge** (t.ex. vänner, hobbyn, rutiner, dygnsrytm, motion)

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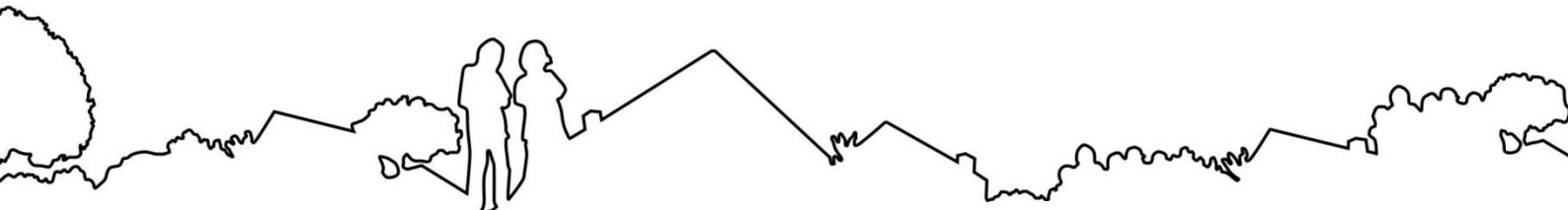
**Psykisk/fysisk hälsa** (ev. diagnos, allergi, terapi, medicinering)

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**Stödnätverk/viktiga personer**

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**Ekonomi/ekonomisk situation**

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**Framtidsdrömmar och mål**

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**Stödbehov**

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**Övrigt**

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Datum: \_\_\_\_\_ Underskrift: \_\_\_\_\_

