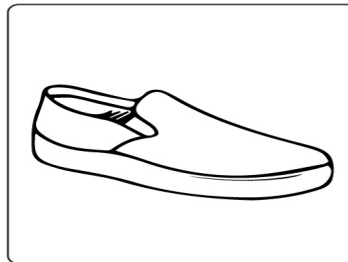**Name:** _____   **Date:** _____

NEEDS & WANTS

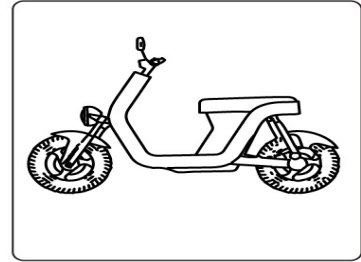*Identify the things you need or want as student. Give a check mark on the box.*
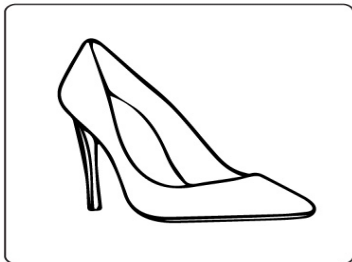
☐ Need   ☐ Want
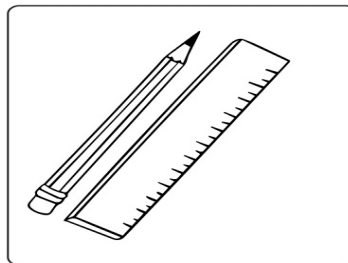
☐ Need   ☐ Want

☐ Need   ☐ Want

☐ Need   ☐ Want

☐ Need   ☐ Want

☐ Need   ☐ Want