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113654314.30769 1655802.25 53507311338 19057775.318182 21125045.024691 16370892.805556 20294327.740741 114666064.21429 19308844.680851 72155215 45444341 27762930.3 167170727.16667 92304960.466667

CAREER ASSESSMENT
CHANGES NOT CHANGES
 Reference: Use the Career Assessment Guide to determine your ratings.

Personality and Skills

1. Circle the number that best describes you or the person you are rating on each of the following:

___ **Adaptability** ___ **Proactive** ___ **Business Driven** ___ **Teamwork**
 ___ **Self-motivated** ___ **Self-starter** ___ **Organized**
 ___ **Detail oriented** ___ **Accommodating** ___ **People-oriented**

2. Describe your and what you are looking for in a job:

3. What subjects are you studying for your career path?

4. What do you want to do?

5. Answer the things I need to do:

___ **Take on more responsibility and work on my own**
 ___ **Get more responsibility for my education**
 ___ **Check what plans are available for my career**
 ___ **Update my resume**

BEHAVIOR INTERVENTION PLAN

IDENTIFYING BEHAVIORS

NAME: _____
 DATE OF BIRTH: _____
 SEX: _____
 GRADE: _____

GOAL

The purpose of this plan is to provide a structured approach to address the student's behavior and academic needs. The goal is to increase the student's academic performance and social skills. The student will be monitored and supported throughout the process. The student will be held accountable for their behavior and academic performance.

PRECONDITIONS

NAME: _____
 DATE OF BIRTH: _____
 SEX: _____
 GRADE: _____

ANTICIPATED FACTORS

1. The student may be disruptive during class.
 2. The student may not follow directions.
 3. The student may not complete assignments.
 4. The student may not participate in class.
 5. The student may not follow classroom rules.
 6. The student may not follow school rules.
 7. The student may not follow district rules.
 8. The student may not follow state rules.
 9. The student may not follow federal rules.
 10. The student may not follow international rules.

DATE OF BIRTH: _____
SEX: _____
GRADE: _____
NAME: _____

REVISION PLAN

Shenzhen Huatongwei International Inspection Co., Ltd.
 1/F, Bldg 3, Hongfa Hi-tech Industrial Park, Genyu Road, Tianliao, Gongming, Shenzhen, China
 Phone: 86-755-26748019 Fax: 86-755-26748089 <http://www.shitw.com.cn>



TEST REPORT

Report Reference No. : TRE1705022604 R/C : 50025

FCC ID : 2AAA6-LS55

Applicant's name : SENWA MEXICO,S.A.DE C.V

Address : Av.Javier Barros Sierra 540,Torre I,Planta 5; COL.LOMAS DE SANTA FE DELEGACION, ALVARO OBREGON, Mexico

Manufacturer : Senwa Mobile HK Ltd

Address : Room 910, International Trade Centre 11-19 Sha Tsui Road, Tsuen Wan, NT, HK

Test item description : Mobile Phone

Trade Mark : SENWA

Model/Type reference : LS55

Listed Model(s) : -

Standard : FCC CFR Title 47 Part 15 Subpart C Section 15.247

Date of receipt of test sample : May, 24, 2017

Date of testing : May, 25, 2017 - Jun.19, 2017

Date of issue : Jun. 20, 2017

Result : PASS

Compiled by : File administrators Becky Liang *Becky Liang*

Supervised by : Project Engineer Lion Cai *Lion Cai*

Approved by : RF Manager Hans Hu *Hans Hu*

Testing Laboratory Name : Shenzhen Huatongwei International Inspection Co., Ltd.

Address : 1/F, Bldg 3, Hongfa Hi-tech Industrial Park, Genyu Road, Tianliao, Gongming, Shenzhen, China

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 The test report merely corresponds to the test sample.
 It is not permitted to copy extracts of these test result without the written permission of the test laboratory.

Kansas Institute for Positive Behavior Support

FUNCTIONAL BEHAVIORAL ASSESSMENT INTERVIEW FORM

Focus person _____ **Date of Birth** _____ **Sex** M F
Interviewer _____ **Date** _____

Person answering the interview questions _____

DESCRIBE THE PROBLEM BEHAVIORS.
 Define each problem behavior that is of concern. Include information about what it looks like, how often it occurs (per day, per week, month), how long the behavior lasts and how damaging or destructive the behaviors are when they occur.

1. _____
 2. _____
 3. _____
 4. _____
 5. _____
 6. _____

DESCRIBE THE PERSON'S SOCIAL BEHAVIORS.
 Define positive social behaviors you have observed the person perform. Include information about what it looks like, how often it occurs (per day, per week, month) and when you are most likely to see the behavior.

1. _____
 2. _____
 3. _____
 4. _____
 5. _____
 6. _____

Which of the behaviors described above are likely to occur together in some way? Do you see positive behaviors occurring before problem behaviors occur? Do all of the behaviors occur about the same time? If you see behaviors occurring in a sequence from least to more problematic, describe the order in which they occur.

