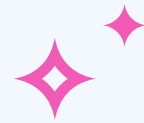




IEP Snapshot



General Information

Name: _____ DOB: _____

Classification: _____ Disability: _____

IEP Start Date: _____ IEP End Date: _____

Case Manager: _____

Medical Info

Allergies: Y / N _____

Glasses: Y / N _____

Medication: Y / N _____

Services

SL PT OT Counseling

Resource: Math LA

Aide: Y / N if yes: Shared 1:1

Accommodations

- | | | |
|--|---|---|
| <input type="checkbox"/> Copy of class notes | <input type="checkbox"/> Use of calculator | <input type="checkbox"/> Provide graphic organizers |
| <input type="checkbox"/> Extra time for completion | <input type="checkbox"/> Use of math grid | <input type="checkbox"/> Provide study guides |
| <input type="checkbox"/> Verbal responses | <input type="checkbox"/> Assist with organization | <input type="checkbox"/> Emphasize visual aids |
| <input type="checkbox"/> Preteach vocabulary | <input type="checkbox"/> Consistent daily routine | <input type="checkbox"/> Preferential seating |
| <input type="checkbox"/> Modify curriculum | <input type="checkbox"/> Break down tasks | <input type="checkbox"/> Small group instruction |
| <input type="checkbox"/> Reduce readability | <input type="checkbox"/> Use of checklists | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Allow typing over writng | <input type="checkbox"/> Use of planner | <input type="checkbox"/> _____ |

Testing Accommodations

- | | | |
|---|--|--------------------------------|
| <input type="checkbox"/> Prompts for refocusing | <input type="checkbox"/> Additional time | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Modified tests/quizzes | <input type="checkbox"/> Small group setting | <input type="checkbox"/> _____ |