Student Name: Grade: School Year:

**Confidential FOR STAFF USE ONLY Confidential**

**IEP at a Glance**

IEP Roster Teacher: Planning Time:

Parent/Guardian Name: Phone:

|  |  |
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|  **Areas Of Special Education Eligibility** |  |
|  **Reading** | **Math** | **Writing** | **Health Plan****Attach Form** | **FBA/BIP\*****Attach Form** | **Other** |

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| Classroom Accommodations  |
| Curriculum Accommodations |
| [ ]  Extended time for completion of assignments | [ ]  Shortened reading/writing assignments |
| [ ]  Reduced pencil/paper tasks | [ ]  Use of graphic organizers/visual representations |
| [ ]  Access to calculators and/or assistive technology | [ ]  Modify assignments to grade level equivalency |
| [ ]  Hard copy of notes/relevant information | [ ]  Instructions repeated and clarified |
| [ ]  Use of manipulatives | [ ]  Instructions/materials appropriately chunked |
| [ ]   | [ ]   |
| [ ]   | [ ]   |

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| Behavioral Accommodations |
| [ ]  Preferential seating | [ ]  Signal or cue regarding behavior |
| [ ]  Frequent breaks | [ ]  Use of point sheet/behavior contract |
| [ ]  Designated cool down area | [ ]  Implementation of Individual Behavior Plan |
| [ ]   | [ ]   |
| [ ]   | [ ]   |

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| Test Accommodations |
| [ ]  Alternate setting for testing | [ ]  Use alternative methods for student response |
| [ ]  Test read aloud | [ ]  Extended testing time |
| [ ]   | [ ]   |
| [ ]   | [ ]   |

Additional Relevant Information

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| **GENERAL EDUCATION TEACHERS WILL CONSULT WITH SPECIAL EDUCATION****TEACHER/ADVISOR IF THERE IS A POSSIBILITY OF THE STUDENT NOT PASSING** |

\*Attach Behavior Intervention Plan & Health Plan if applicable

Acknowledgement of Receipt of *IEP at a Glance*

**The roster teacher will submit these forms to the Special Education Instructional Coach.**

**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Roster Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**By signing in the first column below, I acknowledge the receipt of a copy of the *IEP at a Glance* for the above mentioned student and understand my legal obligation in providing the accommodations outlined in the student’s IEP.**

**By signing the second column, I acknowledge as the roster teacher, I have discussed the areas included in the *IEP at a Glance* with all of the classroom teachers, para-educators and administrators for this student. I understand it is my responsibility to monitor the use of the accommodations and inform all members of any changes that occur based on the IEP.**

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| **Received *IEP at a Glance*** | **Date** | **Discussed *IEP at a Glance*** | **Date** |
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