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** |

|  |  |  |
| --- | --- | --- |
| 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 |
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|  |  |

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.**

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