IEP Snapshot

Student:_____ Eligibility/ Date:_____ /_____ End of IEP:_____
ID Number:_____ DOB:_____ Grade:_____ Native Language/s:_____
Receives Medicine at School: Y / N ☐Morning ☐Lunch ☐_____ Transportation: AM_____ PM_____

SERVICES

Inclusion Support: ☐Math ☐Reading ☐Writing ☐Behavior- ☐Math ☐Reading ☐Writing ☐Other:_____
Instructional Support: ☐Tier 3 Math ☐Tier 3 Reading ☐Social Skills ☐Study Skills ☐Other:_____
Related Services: ☐Speech ☐ESL ☐OT ☐PT ☐Vision ☐Hearing ☐Other:_____

MODIFICATIONS

☐Alternate Curriculum- ☐Math ☐Reading ☐Writing ☐Social Studies ☐Science ☐Other:_____
☐Exempt from_____ ☐Simplified/Reworded Assessment Questions ☐Grading Procedures
☐Use of Supplemental Resources ☐Other:_____

ACCOMMODATIONS

☐Proximity Seating ☐Break Opportunities ☐Resource Room Testing ☐Manipulatives:_____
☐Reduced # of Problems ☐Redo Assessments if <____% ☐Extended Time ☐Type Written Responses
☐Reference Guide- ☐Math ☐Reading ☐Writing ☐Other:_____ ☐Assessment Questions Read-Aloud
☐Large Print Text ☐Assistive Devices:_____ ☐Other:_____ ☐Other:_____

ANNUAL GOALS

☐**Math:**_____
_____
☐**Reading:**_____
_____
☐**Written Expression:**_____
_____
☐**Behavior** (BIP- Y / N):_____
_____
☐**Social Skills:**_____
☐**Other:**_____

Notes: