1/02

IEP SUMMARY SHEET

To the teacher of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Name

Effective Date of the IEP: Begin \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Case Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*This student has a disability and must receive specialized instruction, accommodations, modifications, and related services in accordance with his/her Individualized Education Program (IEP).*

*Federal law requires that all teachers providing instruction and services for students with disabilities must be aware of the needs of the student. As such, accommodations and modifications required by the IEP must be incorporated into classroom instruction and assessment.*

*The following information is CONFIDENTIAL and may only be shared with appropriate staff (or others with authorization from parents).*

All Areas in Which Student Requires Special Education and Related Services, Curricular Modifications and/or Accommodations:

❏ Reading ❏ Written Language ❏ Mathematics

❏ Motor/Sensory Motor ❏ Speech/Language ❏ Social/Emotional

❏ Health/Medical ❏ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❏ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Preferred Learning Style(s):

❏ Visual ❏ Auditory

❏ Tactile (manipulation by hand) ❏ Kinesthetic (whole body involvement)

❏ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Learning Characteristics:

❏ Has difficulty following directions ❏ Has difficulty understanding concepts

❏ Processes information slowly ❏ Has difficulty following multiple verbal requests

❏ Has a short auditory attention span ❏ Is frequently distracted by extraneous noises

❏ Is distracted easily and loses focus/concentration often ❏ Is disorganized and often misplaces things

❏ Spells poorly ❏ Has difficulty copying from the board

❏ Has trouble putting ideas on paper ❏ Is slow to switch from one task to another

❏ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Required Modifications and Accommodations for Instruction:

❏ Directions Given in a Variety of Ways ❏ Extended Time for Completing Assignments

❏ Reduced Paper/Pencil Tasks ❏ Extended Time for Completing Tests

❏ Repeated Review/Drill ❏ Frequent Breaks

❏ Shortened Assignments ❏ Assignment Notebooks

❏ Increase Verbal Response Time ❏ Calculator

❏ Preferential Seating ❏ Peer Buddy

❏ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IEP Goals:

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Required Modifications and Accommodations for Standardized Testing:

❏ Simplify or Clarify Test Directions ❏ Extra Time Within a Testing Day

❏ Use of Calculator ❏ Other – **Student will test in SPED room**

Behavior Support:

❏ Student capable of following classroom rules without intervention ❏ Behavior Plan attached

Additional Comments (including relevant medical information for emergency purposes):

If you need more comprehensive information regarding this student, contact the special education case manager to make arrangements for consultation or to review the entire special education file. created by Janice Pingel, SDCS