

# IEP Snapshot

Student \_\_\_\_\_  
Eligibility \_\_\_\_\_  
Annual Review Date \_\_\_\_\_

## Related Services

Speech \_\_\_\_\_  
OT \_\_\_\_\_ PT \_\_\_\_\_

## Goal Areas

\_\_\_\_\_ Math \_\_\_\_\_ Reading  
\_\_\_\_\_ Writing \_\_\_\_\_ Function  
\_\_\_\_\_ Behavior Intervention Plan

## Target Behavior

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Accommodations

\*Daily assignments and testing

- |                                            |                                                 |
|--------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Extended test     | <input type="checkbox"/> Shortened assignments  |
| <input type="checkbox"/> Small group       | <input type="checkbox"/> Adapted work/homework  |
| <input type="checkbox"/> Tests read aloud  | <input type="checkbox"/> Adapted grades         |
| <input type="checkbox"/> Breaks            | <input type="checkbox"/> Type assignments       |
| <input type="checkbox"/> Calculator        | <input type="checkbox"/> Behavior Checklist     |
| <input type="checkbox"/> Preferred seating | <input type="checkbox"/> Positive reinforcement |
| <input type="checkbox"/> Read to self      | <input type="checkbox"/> Organizational Support |

## Services

Area	Time	Direct/Indirect	Setting
	___ per ___		
	___ per ___		
	___ per ___		
	___ per ___		