

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 ___		