

## IEP AT A GLANCE for 2011-2012

Student's Name: \_\_\_\_\_ IEP Date: \_\_\_\_\_

Case Coordinator: \_\_\_\_\_ Career Goal from IEP: \_\_\_\_\_

Student IEP Eligibility (Designation): \_\_\_\_\_

**For Learning Disabled, please check appropriate subparts:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> a. oral expression         | <input type="checkbox"/> d. basic reading skills  | <input type="checkbox"/> f. math calculations |
| <input type="checkbox"/> b. listening comprehension | <input type="checkbox"/> e. reading comprehension | <input type="checkbox"/> g. math reasoning    |
| <input type="checkbox"/> c. written expression      |   |   |

Student Strengths (motivated, mature, etc., please describe): \_\_\_\_\_

During the current semester/trimester, how many classes does the student participate in:

General Ed. Academic classes \_\_\_\_\_ Team/Co Taught Academic classes \_\_\_\_\_ Special Ed. classes \_\_\_\_\_

**Student Learning Style:**

- |   |  |
|---|--|
| <input type="checkbox"/> Student works better in a group or with a partner. | <input type="checkbox"/> Student is mostly a visual learner.   |
| <input type="checkbox"/> Student works better independently.                | <input type="checkbox"/> Student is mostly a hands-on learner. |
| <input type="checkbox"/> Student is mostly an auditory learner.             | <input type="checkbox"/> Other, Please describe: _____         |

**What accommodations has this student utilized during the past 2 months? How often?**

Accommodations	Frequently	Sometimes	Rarely
<input type="checkbox"/> Books on tape/CD/Mp3			
<input type="checkbox"/> Test/quizzes read aloud			
<input type="checkbox"/> Extended time on test/quizzes and assignments			
<input type="checkbox"/> Quiet room for test/quizzes			
<input type="checkbox"/> Notes provided			
<input type="checkbox"/> Calculator use			
<input type="checkbox"/> Use of a personal spell checker			
<input type="checkbox"/> Use of MP3 for concentration			
<input type="checkbox"/> Use of writer/word processor/do not penalize for penmanship			

**Affective Accommodations:**

- Student is on a behavior plan. (Please attach)

Briefly describe plan: \_\_\_\_\_

**Employability Skills:**

- |  |                                    |                                  |   |             |
|--|------------------------------------|----------------------------------|---|-------------|
| Peer interactions are:                 | <input type="checkbox"/> excellent | <input type="checkbox"/> average | <input type="checkbox"/> need improvement | Other _____ |
| Student accepts criticism              | <input type="checkbox"/> excellent | <input type="checkbox"/> average | <input type="checkbox"/> need improvement | Other _____ |
| Homework completion rate of student is | <input type="checkbox"/> excellent | <input type="checkbox"/> average | <input type="checkbox"/> need improvement | Other _____ |
| Student study habits are               | <input type="checkbox"/> excellent | <input type="checkbox"/> average | <input type="checkbox"/> need improvement | Other _____ |
| Student attendance record is           | <input type="checkbox"/> excellent | <input type="checkbox"/> average | <input type="checkbox"/> need improvement | Other _____ |
| Initiative/class participation         | <input type="checkbox"/> excellent | <input type="checkbox"/> average | <input type="checkbox"/> need improvement | Other _____ |

Health Issues \_\_\_\_\_ Current Medications: \_\_\_\_\_

Vision/Hearing Difficulties: \_\_\_\_\_

Any Other Information: \_\_\_\_\_

Case Coordinator completing form: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

**Case Coordinator listed above will be contacted if EISD staff has questions on this student.**