

Student's Name: \_\_\_\_\_

Date of Summary: \_\_\_\_\_

## Summary Of The Student's Academic Achievement And Functional Performance

(These accommodations have been documented on student's IEP)

### Recommendations Of Accommodations, Supports And Resources Continued:

#### Related To Support:

- Check for understanding
- Instructions/directions repeated/rephrased
- Present one task at a time
- Preferential/assigned seating; explain: \_\_\_\_\_
- Use of assignment notebook or planner
- Provided with progress reports
- Supervision during unstructured time
- Cues/prompts/reminders of rules / procedures
- Offer choices
- Note taking assistance
- Access to computer on campus
- Use of a scribe/word processing
- Use of a calculator
- Peer tutor/ staff assistance in \_\_\_\_\_
- Prior Behavior Support Plan (BSP)
- Home/job/school communication system; explain: \_\_\_\_\_
- Other: \_\_\_\_\_

#### Related to Health Concerns:

- Reminder to take medication(s)
- Medication(s) given under supervision
- Other: \_\_\_\_\_

#### Presentation of Materials & Instructions

- Books on tape and/or CD
- Assignments/tests modified to address identified needs of learning styles: \_\_\_\_\_
- Large print
- Closed caption
- English language development materials
- Manipulative/study aids for \_\_\_\_\_
- Test questions/assignments- given orally
- Tests/assignments directions- read orally
- Tests/assignments- shorten
- Questions on tests/assignments rephrased
- Preview of tests/assignments
- Tests/assignments given in smaller parts
- Visual aids: flash cards, maps, posters, clues, etc.
- Other; explain: \_\_\_\_\_

#### Response to Materials & Instruction:

- Reduced/shortened tests/assignments/tasks: \_\_\_\_\_
- Extended time on in-class assignments/tests: \_\_\_\_\_
- Use of notes for tests/assignments
- Open book for tests/assignments
- Spelling errors will not impact grade when no opportunity for editing assistance and/or spell-check is available
- Special projects or alternate assignments in lieu of assignments given to non-disabled peers
- Use of a calculator
- Proof-reader and redo assignment or writing mechanics not graded
- Other: \_\_\_\_\_

#### Settings:

- Access to study carrel for task/assignments/tests
- Free from visual distractions
- Quiet environment – free from excessive noise
- In a small group environment
- Other: \_\_\_\_\_

#### Timing/ Scheduling of Tasks/ Assignments/ tests:

- Extended time(s): \_\_\_\_\_ minutes for every

\_\_\_\_\_ Minutes given to non-disabled peers

- Tests/assignments given in shortened time segments
- Extended time on in-class assignments/tests:
- Other: \_\_\_\_\_

**For Additional Information** such as however not limited to; last cognitive assessment results (psycho-educational report), academic/functional assessment results, Individual Educational Program Packet, or other k-12 schooling documentation **contact:**

Name of School District: \_\_\_\_\_

School District's Phone number: \_\_\_\_\_

Title of Contact Person: \_\_\_\_\_

Best if contact is made no later than \_\_\_\_\_