

## IEP AT A GLANCE

Confidential – For Teacher Use, Not a Student Record

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_ IEP Date: \_\_\_\_\_  
 Birthdate: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Residential Status: \_\_\_\_\_

**IEP Date:** \_\_\_\_\_ **Case Manager:** \_\_\_\_\_  
**Next Annual IEP:** \_\_\_\_\_ **BSP:**  No  Yes  
**Next Triennial:** \_\_\_\_\_ **Spec Trans:**  No  Yes

**Primary:** \_\_\_\_\_ **Secondary:** \_\_\_\_\_

How the student's disability affects involvement and progress in the general curriculum: \_\_\_\_\_

\_\_\_\_\_ % of time student is outside the regular class & extracurricular & non academic activities

\_\_\_\_\_ % of time student is in the regular class & extracurricular & non academic activities

Units/Credits Completed:  
 Diploma  
 Certificate of Completion

Units/Credits Pending:  
 Anticipated Completion Date

### IEP Goals and Objectives

Area of Need:

Measurable Goal:  
 Annual Goal  
 #

<b>Accommodations/Modifications for Classroom Participation and Assessment</b>		
<b>Test</b>	<b>Participation</b>	<b>Accommodations/Modifications</b>
English Language		
Arts		
Math		
Algebra		
Geometry		
Science		
History/Social Science		
Writing		
Physical Fitness Test		
CELDT Listening		
CELDT Speaking		
CELDT Reading		

**SUPPLEMENTARY AIDS & SERVICES AND OTHER SUPPORTS FOR SCHOOL PERSONNEL, OR FOR STUDENT, OR ON BEHALF OF THE STUDENT**

**Accommodations**

Program Accommodations	Start Date	End Date	Location
	/ /	/ /	
	/ /	/ /	
	/ /	/ /	
	/ /	/ /	
	/ /	/ /	
	/ /	/ /	

**Modifications**

Program Modifications	Start Date	End Date	Frequency	Duration	Location
	/ /	/ /			
	/ /	/ /			
	/ /	/ /			
	/ /	/ /			
	/ /	/ /			
	/ /	/ /			

**Other Supports**

Other Supports for School Personnel, or for Student, or on Behalf of Student		Start Date	End Date	Frequency	Duration	Location
	<input type="checkbox"/> Student <input type="checkbox"/> Personnel	/ /	/ /			
	<input type="checkbox"/> Student <input type="checkbox"/> Personnel	/ /	/ /			
	<input type="checkbox"/> Student <input type="checkbox"/> Personnel	/ /	/ /			
	<input type="checkbox"/> Student <input type="checkbox"/> Personnel	/ /	/ /			
	<input type="checkbox"/> Student <input type="checkbox"/> Personnel	/ /	/ /			
	<input type="checkbox"/> Student <input type="checkbox"/> Personnel	/ /	/ /			

**Special Education and Related Services**

**Transition Services**

**Notes:**