
SPECIAL FACTORS

Student Name: _____

Birthdate: _____

IEP Date: _____

Does the student require assistive technology devices and/or services? Yes No**Rationale:**Does the student require low incidence services, equipment and/or materials to meet educational goals? Yes No
(If yes, specify)

Considerations if the student is blind or visually impaired:

Considerations if the student is deaf or hard of hearing:

If the student is an English Learner, complete the following section:

Does the student need primary language support? Yes No If yes, how will it be provided?Where will ELD services be provided to the student? General Education Special Education

The student will participate in the following type of program:

 Structured English Immersion Alternative Language Program (type or description)**Comments:**Does student's behavior impede learning of self or others? Yes No
(describe)

If yes, specify positive behavior interventions, strategies, and supports:

 Behavior Goal is part of this IEP Behavior Intervention Plan (BIP) Attached