

IEP-at-a-Glance

Student Name: _____ Homeroom Teacher: _____
Grade/School Year: _____ IEP Case Manager: _____
Parent phone/email: _____

Strengths:

Reading:

Goals

Writing:

Behavior:

Math:

Other:

Accommodations (circle)

Extended Time Small Groups Read Aloud Reduced Assignments
Resource Room Chunking Special Seating Sensory Break
Verbal/Visual Prompts Gum/fidgets

Related Services: PT_____ OT_____ SLP_____ counseling_____ vision_____

When? M_____ T_____ W_____ Th_____ F_____

Noteworthy: