

# IEP-at-a-Glance

For More Information, visit: [ADayInOurShoes.com](http://ADayInOurShoes.com)

Student Name: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_

Grade/School Year: \_\_\_\_\_ IEP Case Manager: \_\_\_\_\_

Parent phone/email: \_\_\_\_\_

## Goals

Reading:

Writing:

Behavior:

Math:

Other:

## Strengths

## Accommodations (circle)

Extended Time    Small Groups    Read Aloud

Reduced Assignments    Resource Room

Chunking    Special Seating    Sensory Break

Verbal/Visual Prompts    Gum/fidgets

Other:

Related Services:    PT \_\_\_\_\_ OT \_\_\_\_\_ SLP \_\_\_\_\_ counseling \_\_\_\_\_ vision \_\_\_\_\_

When?    M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ Th \_\_\_\_\_ F \_\_\_\_\_

Notes:

