

Student Name:

Date:

D.O.B.:

PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

Complete for initial IEPs and annual reviews.

When completing this page, include all areas from the following list that are impacted by the student's disability: academic performance, social/emotional status, independent functioning, vocational, motor skills, and speech and language/communication. This may include strengths/weaknesses identified in the most recent evaluation.

STUDENT STRENGTHS:

PARENTAL EDUCATIONAL CONCERNS:

HEALTH INFORMATION/CONCERNS:

STUDENT'S PRESENT LEVEL OF ACADEMIC ACHIEVEMENT (Include strengths and areas needing improvement):

STUDENT'S PRESENT LEVELS OF FUNCTIONAL PERFORMANCE (Include strengths and areas needing improvement):

ADVERSE EFFECTS

Describe the effect of this individual's disability on involvement and progress in the general education curriculum and the functional implications of the student's skills.

- For preschool child, describe the effect of this individual's disability on involvement in appropriate activities.
- By age 14 1/2, describe the effect of this individual's disability on the pursuit of post-secondary expectations (living, learning, working).