

Student Name:

Date:

D.O.B.:

EDUCATIONAL ACCOMMODATIONS AND SUPPORTS

Complete for initial IEPs and annual reviews. (Anyone responsible for implementing the educational accommodations must be notified of her/his specific responsibilities).

TRANSITION

Yes No NA Consideration of service needs, goals, and support/services is required (by age 14 1/2, the team must address transition service needs). **If yes, complete the "Transition Services" section of the IEP.**

Yes No NA Consideration of "Home-Based Support Services Program for Mentally Disabled Adults" for eighteen-year-old student is required. **If yes, complete the "Home Based Support Services Program" section of the IEP.**

CONSIDERATION OF SPECIAL FACTORS

Check the boxes to indicate if the student requires any supplementary aids and/or services due to the following factors. **For any box checked "yes," specify the special factors in the "Supplementary Aids, Accommodations and Modifications" section listed below.**

- Yes No **ALL STUDENTS - assistive technology devices and services**
- Yes No **ALL STUDENTS - communication needs**
- Yes No NA **Deaf/hard of hearing** - language and communication needs
- Yes No NA **Limited English Proficiency** - language needs
- Yes No NA **Blind/visually impaired** - provision of Braille instruction
- Yes No NA **Behavior** impedes student's learning or that of others. If yes, the team must consider strategies, including positive behavioral interventions and supports to address behavior. **This may include a Functional Behavioral Assessment and/or a Behavioral Intervention Plan. If so, attach any completed forms.**

LINGUISTIC AND CULTURAL ACCOMMODATIONS

Yes No The student requires accommodations for the IEP to meet her/his linguistic and cultural needs. **If yes, specify any needed accommodations:**

Yes No Special education and related services will be provided in a language or mode of communication other than, or in addition to, English. **If yes, specify any needed accommodations:**

SUPPLEMENTARY AIDS, ACCOMMODATIONS, AND MODIFICATIONS

Specify what aids, accommodations, and modifications are needed for the child to make progress toward annual goals, to progress in the general education curriculum, participate in extracurricular and other non-academic activities, and to be educated and participate with other children with disabilities and/or nondisabled children (e.g., accommodations for daily work, environmental accommodations, moving from class to class, etc.). Supplementary aids, accommodations, and modifications must be based upon peer-review research to the extent practicable.

SUPPORTS FOR SCHOOL PERSONNEL

Yes No Program trainings and/or supports for school personnel are needed for the student to advance appropriately toward attaining the annual goals, participate in the general curriculum, and be educated and participate with other students in educational activities. **If yes, specify what trainings and/or supports are needed, including when appropriate, the information that clarifies when the trainings and/or supports will be provided, by whom, in what location, etc.**