



IEP Snapshot

<u>Student Name:</u>	<u>Classroom Teacher:</u>
<u>DOB:</u>	<u>Primary Disability:</u> <input type="checkbox"/> EBD <input type="checkbox"/> DCD <input type="checkbox"/> DD <input type="checkbox"/> _____ <input type="checkbox"/> ASD <input type="checkbox"/> OHD <input type="checkbox"/> SLD Area:
<u>Grade:</u>	<u>Secondary Disability:</u> <input type="checkbox"/> EBD <input type="checkbox"/> OHD <input type="checkbox"/> SLD Area:
<u>Case Manager:</u> <u>Para Support:</u>	<u>Related Services:</u> <input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> Speech/Language <input type="checkbox"/> D/HH <input type="checkbox"/> Vision <input type="checkbox"/> DAPE

Special Education Services:

<input type="checkbox"/> Math - Focus:	_____ min (per day/ _____ times a week)
<input type="checkbox"/> Reading - Focus:	_____ min (per day/ _____ times a week)
<input type="checkbox"/> Writing - Focus:	_____ min (per day/ _____ times a week)
<input type="checkbox"/> Social Skills - Focus:	_____ min (per day/ _____ times a week)
<input type="checkbox"/> Other:	_____ min (per day/ _____ times a week)

Accommodations: (check boxes that apply)

<input type="checkbox"/> Paraprofessional support is available within the special education classroom	<input type="checkbox"/> Preferential seating
<input type="checkbox"/> Extended time to complete classwork/tests	<input type="checkbox"/> Shortened classroom assignments/tests
<input type="checkbox"/> Modified classroom assignments/tests	<input type="checkbox"/> Break apart large or multi-step assignments
<input type="checkbox"/> Movement Breaks	<input type="checkbox"/> Others:

