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| Vision Screening: [ ]  Pass [ ]  Fail [ ]  Parent Waived in Writing Date: |       | Hearing Screening: [ ]  Pass [ ]  Fail [ ]  Parent Waived in Writing Date: |       | Comments: |       |
|  |  |  |  |  |  |  |
| **Methods of reporting progress toward IEP goals:** [ ]  Quarter [ ]  Semester [ ]  Trimester [ ]  Other: *(describe below)*       |
|  |
| **Describe how progress will be reported to parents:**       |
|  |
| **Student learning strengths/preferences:**       |
|  |
| **Parent priorities for enhancing student’s long-term education:**       |
|  |
| **How does the student’s disability affect involvement and progress in the general curriculum? For preschool students, how does the student’s disability affect participation in appropriate activities?**       |
|  |
| **Mainstream activities to provide support for transition into general education:**       |
|  |

 |
| **consideration of special factors** |
|

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| --- | --- | --- |
| Is the student blind or visually impaired? | [ ]  Yes | [ ]  No |
|  |  |  |
|  |  |  |
| If “YES” is the instruction provided in Braille and the use of Braille? | [ ]  Yes | [ ]  No |
| If “NO” state rationale based on evaluation of the student’s reading and writing skills, appropriate reading and writing media, and the student’s future needs for instruction in Braille and the use of Braille:      |
|  |  |  |
| Is the student deaf or hard of hearing? | [ ]  Yes | [ ]  No |
| If “YES” | * Have the communication needs of the student been considered?
 | [ ]  Yes | [ ]  No |
|  | * Has the opportunity for direct communication with peers and professional
 | [ ]  Yes | [ ]  No |
|  | personnel in the student’s communication mode and at the student’s |  |  |
|  | academic level been considered? |  |  |
|  | * Has the student’s full range of communication needs been considered,
 | [ ]  Yes | [ ]  No |
|  | including opportunities for direct instruction in the student’s language |  |  |
|  | communication mode?  |  |  |
|  |  |  |
| Has the IEP team considered the student’s functional performance and does the student have | [ ]  Yes | [ ]  No |
| needs in this area? |  |  |
| If “YES” | * Have functional goals been developed and included in this IEP?
 | [ ]  Yes | [ ]  No |
|  |  |  |  |

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| Is the student an English Language Learner (ELL)? If “YES” | [ ]  Yes | [ ]  No |
|  |  |  |  |
|  | * Have the language needs of the student been considered?
 | [ ]  Yes | [ ]  No |
|  | * Does the student have linguistically appropriate goals, objectives, programs
 | [ ]  Yes | [ ]  No |
|  | and services? |  |  |
|  |  |  |
| Does the student’s behavior impede his or her learning or the learning of others? | [ ]  Yes | [ ]  No |
|  | * Have positive behavioral interventions and supports been implemented?
 | [ ]  Yes | [ ]  No |
|  | * Have annual behavioral goals been implemented and revised as needed?
 | [ ]  Yes | [ ]  No |
|  | * Has a Functional Behavioral Assessment (FBA) been completed?
 | [ ]  Yes | [ ]  No |
|  | * Has a Behavior Intervention Plan (BIP) been implemented and revised as needed?
 | [ ]  Yes | [ ]  No |
|  |  |  |  |
| Does this student require an assistive technology assessment, equipment or services? | [ ]  Yes | [ ]  No |
| If “YES” please explain:       |
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| **Supplementary aids and supports to the student and/or program modification(s)/support(s) for school personnel (to be provided during the effective dates of this IEP) that are necessary to enable the student to:** (A) advance appropriately toward the IEP goal attainment; (B) be involved and progress in the general curriculum; (C) participate in extracurricular activities; (D) be educated and participate with other children with disabilities and with nondisabled peers. 34 CFR § 300.320(a)(4)-(7)

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|  |
|  | **Supplementary Aids and supports****Program Accommodation(s) / Modification(s)** | **location** | **start date** | **frequency** | **duration** |
| **[ ]** **[ ]**  | ***Student******Personnel*** |  |  |  |  |  |
| **[ ]** **[ ]**  | ***Student******Personnel*** |  |  |  |  |  |
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| **Comments:**  |
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