

Name of Student:

Date:

General Considerations in the Development of the IEP

Parental Vision/Educational Concerns

Student Strengths

State how the disability affects the student's involvement and progress in the general curriculum or for preschool children, as appropriate, how the disability affects the child's participation in appropriate activities. **This should reflect the adverse effects identified in the student's most recent evaluation and eligibility determination.**

Results of Recent Assessment Data/Progress Information

Considerations of Special Factors

Check the boxes to indicate if the student requires a particular device or service due to special factors.

Medication/Medical Information:

Yes No

- Glasses
- Hearing Aids/Cochlear Implants

	<i>Date</i>	<i>Passed</i>	<i>Failed</i>	<i>Referred</i>
Vision Screening:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing Screening:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Yes No

- Assistive Technology Devices & Services
- Blind/Visually Impaired-Braille Instruction
- Deaf/Hearing Impaired Language/Communication Needs
- Limited English Proficiency-Language/Communication Needs
- Behavior-Positive Interventions/Supports/Strategies
- Supports for School Personnel

For boxes checked "yes", specify device and/or services required. Include any related services indicated as part of educational services. If a Functional Assessment or Behavioral Intervention Plan is developed, attach completed forms.