

Reach each Child

CONFIDENTIAL

IEP at a Glance

Part I: Student Information

Date:

Student: Grade:

Case Manager: Phone Extension:

Disability Information:

Learning Style/ Strengths:

Present Level of Performance Classroom/Behavior: (you may print from the Performance tab in IEP ONLINE)

Modifications/Accommodations: (you may print from the Modifications tab in IEP ONLINE)

Assistive Technology/ Augmentative Communication Devices:

Medications/Known side effects of Medications for this student:

Part II: Acknowledgement of Receipt of IEP at a Glance for [redacted]

Semester: [redacted]

School: [redacted]

Signatures of Classroom Teachers (Case manager to retain)

By signing in the first column below, I acknowledge the receipt of a copy of the *IEP at a Glance* for the abovementioned student.

By signing the second column, I acknowledge that the case manager and I conducted a conference on the student and discussed the areas included in the *IEP at a Glance*.

Received <i>IEP at a Glance</i>	Date	Conferenced about the <i>IEP at a Glance</i>	Date

By signing below, I acknowledge as this student's case manager that it is my responsibility to inform this student's teachers, paraprofessional and/or related service providers of any changes or additions to the IEP at a Glance.

Case manager's signature _____ Date _____