

Summary Of The Student's Academic  
Achievement And Functional Performance

Student's Name \_\_\_\_\_

Date of Summary \_\_\_\_/\_\_\_\_/\_\_\_\_

(These accommodations have been documented on IEP)

**Recommendations Of Accommodations, Supports And Resources Continued:**

<p><b>Related To Support:</b></p> <p>____ Check for understanding</p> <p>____ Instructions/directions repeated/rephrased</p> <p>____ Present one task at a time</p> <p>____ Preferential/assigned seating; explain: _____</p> <p>____ Use of assignment notebook or planner</p> <p>____ Provided with progress reports</p> <p>____ Supervision during unstructured time</p> <p>____ Cues/prompts/reminders of rules / procedures</p> <p>____ Offer choices</p> <p>____ Note taking assistance</p> <p>____ Access to computer on campus</p> <p>____ Use of a scribe/word processing</p> <p>____ Use of a calculator</p> <p>____ Peer tutor/ staff assistance in _____</p> <p>____ Prior Behavior Support Plan (BSP)</p> <p>____ Home/job/school communication system; explain: _____</p> <p>____ Other: _____</p> <p><b>Related to Health Concerns:</b></p> <p>____ Reminder to take medication(s)</p> <p>____ Medication(s) given under supervision</p> <p>____ Other: _____</p> <p><b>Presentation of Materials &amp; Instructions</b></p> <p>____ Books on tape and/or CD</p> <p>____ Assignments/tests modified to address identified needs of learning styles: _____</p> <p>____ Large print</p> <p>____ Closed caption</p> <p>____ English language development materials</p> <p>____ Manipulative/study aids for _____</p> <p>____ Test questions/assignments- given orally</p> <p>____ Tests/assignments directions- read orally</p> <p>____ Tests/assignments- shorten</p> <p>____ Questions on tests/assignments rephrased</p> <p>____ Preview of tests/assignments</p> <p>____ Tests/assignments given in smaller parts</p> <p>____ Visual aids: flash cards, maps, posters, clues, etc.</p> <p>____ Other; explain: _____</p>	<p><b>Response to Materials &amp; Instruction</b></p> <p>____ Reduced/shortened tests/assignments/tasks: _____</p> <p>____ Extended time on in-class assignments/tests: _____</p> <p>____ Use of notes for tests/assignments</p> <p>____ Open book for tests/assignments</p> <p>____ Spelling errors will not impact grade when no opportunity for editing assistance and/or spell-check is available</p> <p>____ Special projects or alternate assignments in lieu of assignments given to non-disabled peers</p> <p>____ Use of a calculator</p> <p>____ Proof-reader and redo assignment or writing mechanics not graded</p> <p>____ Other: _____</p> <p><b>Settings:</b></p> <p>____ Access to study carrel for task/assignments/tests</p> <p>____ Free from visual distractions</p> <p>____ Quiet environment – free from excessive noise</p> <p>____ In a small group environment</p> <p>____ Other: _____</p> <p><b>Timing/Scheduling of Tasks/Assignments/tests:</b></p> <p>____ Extended time(s): _____ minutes for every _____ minutes given to non-disabled peers</p> <p>____ Tests/assignments given in shortened time segments</p> <p>____ Extended time on in-class assignments/tests: _____</p> <p>____ Other: _____</p> <p><b>For Additional Information</b> such as however not limited to; last cognitive assessment results (psycho-educational report), academic/functional assessment results, Individual Educational Program Packet, or other k-12 schooling documentation <b>contact:</b></p> <p>Name of School District: _____</p> <p>School District's Phone number: _____</p> <p>Title of Contact Person: _____</p> <p>Best if contact is made no later than ____/____/____</p>
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