**Name**: Click or tap here to enter text.**Grade**: Click or tap here to enter text. **2020-2021**

**IEP**  **504 Allergies** yes no if yes, what? \_Click or tap here to enter text.

**Medications** yes no if yes, what? Click or tap here to enter text.

**Glasses/contacts** yes no **seizures** yes no **Other alerts**: Click or tap here to enter text.

**Testing Accommodations**

Extended time Click or tap here to enter text.

Frequent breaks Click or tap here to enter text.

Loc. w/min. dist. Click or tap here to enter text.

Tests read Click or tap here to enter text.

Sep. loc./room Click or tap here to enter text.

Waive spellingClick or tap here to enter text.

Calculator Click or tap here to enter text.

Prompts focus Click or tap here to enter text.

Use of scribe for ext. writing Click or tap here to enter text.

Clarify directions Click or tap here to enter text.

Flexible Setting Click or tap here to enter text.

Repeat directions Click or tap here to enter text.

Rev. Test directionsClick or tap here to enter text.

Aids/assistive technologyClick or tap here to enter text.

**Classroom Accommodations**

Notes provided Click or tap here to enter text.

On task focus prompts Click or tap here to enter text.

Preferential seating Click or tap here to enter text.

Repeat/clarify directionsClick or tap here to enter text.

Graphic OrganizersClick or tap here to enter text.

Reduced Assignments Click or tap here to enter text.

Modified Assignments Click or tap here to enter text.

Extra Time to Complete Assignments Click or tap here to enter text.

Breaks Click or tap here to enter text.

Access to Recorded Texts Click or tap here to enter text.

Checks for Understanding Click or tap here to enter text.

Aids/Assistive TechnologyClick or tap here to enter text.

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**Other Education Supports/concern**  Language Exempt

Consultant TeacherClick or tap here to enter text.

Counseling Click or tap here to enter text.

Structured Study Hall Click or tap here to enter text.