IEP/504 at a Glance

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Student Name: |  | | Age: |  |
| Class Period: |  | | Grade: |  |
| Case Manager: |  | | Subject: |  |
| IEP Qualification Categories: | |  | | |
| 504 Qualification Categories: | |  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Accommodations** | |  | | |
| Preferential  seating? |  | | Use of  Calculator? |  |
| Extended time on assignments? |  | | Extended time on tests/quizzes? |  |
| Redo/retake assignments  or quizzes? |  | | Alternative test location? |  |
| Learning  strategies? |  | | Math support? |  |
| Parapro support? |  | | Typing/scribe support? |  |
| “Take a break” strategies? |  | | Behavior plan? |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Medical Information** | |  | | |
| Glasses? |  | | Medications? |  |
| Seizures? |  | | Allergies? |  |
| Hearing? |  | | Other medical? |  |

What else does the teacher need to know?