

**Summary Of The Student's Academic Achievement And Functional Performance (B)**

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>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>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>Timing/Scheduling of Tasks/Assignments/tests</b></p> <p>_____ Extended time(s): _____</p> <p>_____ Tests/assignments given in shortened time segments</p> <p>_____ Extended time on in-class assignments/tests: _____</p> <p>_____ Other: _____</p>
<p>For Additional Information 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, contact:</p> <p>_____</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>	