

INFORMATION FOR GENERAL EDUCATION CLASSROOM

VENTURA COUNTY SELPA - REPORT FORM

Date: _____

Student Name: _____ Grade: _____ Case Manager: _____

Parent/Guardian Name: _____

Home Phone: _____ Work Phone: _____

1. Current Special Education Services:

2. While in your class, the student will be expected to work toward:

<input type="checkbox"/> Appropriate grade level standards with or without accommodations (circle one)	<input type="checkbox"/> Standards at a lower grade level <input type="checkbox"/> Functional life skills
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3. The student has the following strengths:

4. Disability:

5. Impact of disability on student's participation in the classroom:

6. Student is able to read grade-level text: Independently With assistance
(See attached Present Levels of Performance page from IEP)

7. Grading: Regular with no accommodations Regular with accommodations
 Regular with "modified curriculum" noted Pass/Fail
 Effort/Content Student will not be graded for this class

8. Student learns best when you:

<input type="checkbox"/> Review skills daily	<input type="checkbox"/> Provide visual cues
<input type="checkbox"/> Repeat/Review/Drill	<input type="checkbox"/> Introduce one new concept at a time
<input type="checkbox"/> Have short, frequent and repeated practice sessions	<input type="checkbox"/> Other: _____

9. Student does best when asked to complete assignments:

<input type="checkbox"/> Independently	<input type="checkbox"/> Using assignment worksheets
<input type="checkbox"/> With guided instruction	<input type="checkbox"/> With organized notebook
<input type="checkbox"/> Cooperatively with classmates	<input type="checkbox"/> Other: _____

10. Behavioral suggestions/considerations:

<input type="checkbox"/> Respect student's personal space	<input type="checkbox"/> Communicate with parent or guardian
<input type="checkbox"/> Follow Positive Behavior Support Plan (attached)	<input type="checkbox"/> Be aware of tactile/sensory defensiveness
<input type="checkbox"/> Provide assistance with transitions/changes in routines	<input type="checkbox"/> Provide more frequent breaks
<input type="checkbox"/> Allow extra physical movement	<input type="checkbox"/> Provide extra privileges/rewards
	<input type="checkbox"/> Provide non-verbal signals to stay on-task
	<input type="checkbox"/> Other: _____

(See attached Accommodations and Modifications Supports page from IEP)

Contact Case Manager if you would like to discuss this further.