

Accommodations/Modifications	Yes	No	N/A	Comments	Reviewed
Frequency/Location/Duration and Initiation Date					
Checked type of State Assessment					
If Alternate is checked, participation statement completed					
Justification statement completed (2 nd box)					
Supplementary Aids and Services	Yes	No	N/A	Comments	Reviewed
Frequency/Location/Duration and Initiation Date					
Narrative and Anticipated Services Chart match					
Supports for School Personnel	Yes	No	N/A	Comments	Reviewed
Checked No Supports or Supports Considered					
Frequency/Location/Duration and Initiation Date					
Narrative and Anticipated Services match					
Participation with Non-Disabled Peers	Yes	No	N/A	Comments	Reviewed
Narrative of why child will not be participating with general education peers					
Explanation of what student is missing in the general education environment					
Potential Harmful Effects and Justification Statement					
Extended School Year	Yes	No	N/A	Comments	Reviewed
Considered					
If yes: Services listed or date to reconvene					
Positive Behavioral and Support Intervention	Yes	No	N/A	Comments	Reviewed
For identified behavioral needs, documentation that the IEP team considered strategies, including positive behavioral interventions and supports to address specified behavior					
Assistive Technology	Yes	No	N/A	Comments	Reviewed
Frequency/Location/Duration and Initiation Date					
Progress Reporting	Yes	No	N/A	Comments	Reviewed
4 reporting periods					
Indicates whether the progress is sufficient to enable the student to meet their annual goal(s)					