



# IEP Modifications and Accommodations – Individual Student

Teacher: \_\_\_\_\_ Student: \_\_\_\_\_ Subject: \_\_\_\_\_ Disability: \_\_\_\_\_

Contact Information: \_\_\_\_\_

## IEP Classroom Modifications and Testing Accommodations

|                         |                         |                     |                              |                                    |                          |                          |                               |                             |                   |
|-------------------------|-------------------------|---------------------|------------------------------|------------------------------------|--------------------------|--------------------------|-------------------------------|-----------------------------|-------------------|
| Alternative Assessments | Individual Aid          | Copy of Class Notes | Special Seating Arrangement  | Clear Behavioral Expectations      | Use of Graphic Organizer | Use of Calculator        | Extended Time for Assignments | Larger Font                 | Use of Planner    |
|                         |                         |                     |                              |                                    |                          |                          |                               |                             |                   |
| Test Read               | Extended Time for Tests | Use of Breaks       | Testing on Specific Day/Time | Assistive Technology and Materials | Directions Read          | Directions Simplified    | Scribe                        | Cues for Pacing             | Separate Location |
|                         |                         |                     |                              |                                    |                          |                          |                               |                             |                   |
| Team Meeting            | Physical Therapy        | Counseling          | Occupational Therapy         | Speech Therapy                     | Resource Room            | Additional Support Class | Parent Training               | Adaptive Physical Education | B.I.P.            |
|                         |                         |                     |                              |                                    |                          |                          |                               |                             |                   |

Additional accommodations and modifications: \_\_\_\_\_

**Favorites**

## Student Interest Inventory

Subject: \_\_\_\_\_ Person: \_\_\_\_\_ Color: \_\_\_\_\_ Movie: \_\_\_\_\_  
Celebrity: \_\_\_\_\_ Sport: \_\_\_\_\_ Hobby: \_\_\_\_\_ Book: \_\_\_\_\_  
Season: \_\_\_\_\_ Vacation: \_\_\_\_\_ Day: \_\_\_\_\_ Food: \_\_\_\_\_

Student learns best when ...

Student has expressed a career interest in ...

Student's goal after high school is ...