

Livingston County Special Services Unit

920 CUSTER AVENUE, SUITE A • PONTIAC, ILLINOIS 61764
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STUDENT NAME: _____

DATE OF MEETING: _____

EDUCATIONAL ACCOMMODATIONS AND SUPPORTS

Complete for initial IEPs and annual reviews. (Anyone responsible for implementing the educational accommodations must be notified of her/his specific responsibilities).

TRANSITION

- ☐ Yes ☐ No ☐ NA Consideration of service needs, goals, and support services is required (by age 14 1/2, the team must address transition service needs). If yes, complete the "Transition Services" section of the IEP.
- ☐ Yes ☐ No ☐ NA Consideration of "Home-Based Support Services Program for Mentally Disabled Adults" for eighteen-year-old student is required. **If yes, complete the "Home-Based Support Services Program" section of the IEP.**

CONSIDERATION OF SPECIAL FACTORS

Check the boxes to indicate if the student requires any supplementary aids and/or services due to the following factors. **For any box checked "yes," specify the special factors in the "Supplementary Aids, Accommodations and Modification" section listed below.**

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | assistive technology devices and services |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | communication needs |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | deaf/hard of hearing - languages and communication needs |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | limited English proficiency - language needs |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | blind/visually impaired - provision of Braille instruction |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | behavior impedes students learning or that of others. If yes, the team must consider strategies, including positive behavioral interventions and supports to address behavior. This may include a Functional Behavioral Assessment and/or a Behavioral Intervention Plan. If so, attach any completed forms. |

LINGUISTIC AND CULTURAL ACCOMMODATIONS

- ☐ Yes ☐ No The student requires accommodations for the IEP to meet her/his linguistic and cultural needs. **If yes, specify any needed accommodations:**
- ☐ Yes ☐ No Special education and related services will be provided in a language or mode of communication other than or in addition to English. **If yes, specify any needed accommodations:**

SUPPLEMENTARY AIDS, ACCOMMODATIONS, AND MODIFICATIONS

Specify what aids, accommodations, and modifications are needed for the child to make progress toward annual goals, to progress in the general education curriculum, participate in extracurricular and other non-academic activities, and to be educated and participate with other children with disabilities and/or nondisabled children (e.g., accommodations for daily work, environmental accommodations, moving from class to class, etc.). Supplementary aids, accommodations, and modifications must be based upon peer-review research to the extent practicable.

SUPPORTS FOR SCHOOL PERSONNEL

- ☐ Yes ☐ No Program trainings and/or supports for school personnel are needed for the student to advance appropriately toward attaining the annual goals, participate in the general curriculum, and be educated and participate with other students in educational activities. **If yes, specify what trainings and/or supports are needed, including when appropriate, the information that clarifies when the trainings and/or supports will be provided, by whom, in what location, etc.**