**IEP Participation Questionnaire**

**Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Instructor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Instructor: Your knowledge and understanding of the above listed student’s abilities and difficulties in this course are essential during the development of the student’s IEP. Please answer the questions to ensure your participation in the IEP process. The information will ensure the student receives appropriate accommodations for success in this course.**

1. How does the student’s ability affect involvement and progress in the technology center program?
2. List the student’s strengths that have been observed or demonstrated and the student’s challenges that affect or could affect participation in the technology center program.
3. List accommodations that appear to be effective and those that do not appear to be effective.
4. List assistive technology the student is using that is effective and assistive technology that does not appear to be effective.
5. Describe any behavioral concerns and interventions that appear to be effective and those that do not appear to be effective.
6. List accommodations, assistive technology and interventions that you would like the team to consider adding to the IEP.
7. List any concerns or further information that should be consider or discussed during the IEP meeting.



Counseling and Career Development

Contact us at 405.743.5596

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