



504/IEP Invitation & Classroom Information Special Education Services

This form is written documentation and will be on file with the student's IEP/504 Plan.

STUDENT NAME _____ DATE _____ New Referral
Annual IEP

DATE OF BIRTH _____ AGE _____ GRADE _____ 504/Annual Review

Primary language of student: English Spanish _____
OTHER

An IEP/504 meeting is scheduled for: Monday Tuesday Wednesday Thursday Friday

DATE OF MEETING _____ TIME OF MEETING _____ LOCATION/ROOM OF MEETING _____

GENERAL EDUCATION TEACHER _____ SUBJECT/CLASS _____

Will you be able to attend the meeting? Yes No

Please complete the following questions along with the mandated forms attached which are provided by the Oklahoma State Department of Education for testing in special education. The purpose of this form is to insure complete and accurate information for each individual student before placement in special education is completed.

Return completed form to:

School Counselor Speech Pathologist Special Services Director
 Special Education Teacher _____ Other _____
NAME NAME

1. What academic area do you suspect is the most deficient and hinders this student's progress in the general education classroom?

- Listening comprehension
- Written expression
- Reading comprehension
- Reading fluency
- Basic reading
- Math problem solving
- Oral expression
- Math calculation

2. What are this student's strengths? _____
LIST STUDENT'S STRENGTHS

3. What are this student's areas of need? _____
LIST STUDENT'S NEEDS

4. Do you feel academic difficulties are most related to:
 Learning Communication Attention _____
COMBINATION OF

5. Does student appear to have social-emotional or behavior factors that may contribute to classroom performance? Yes No

IF YES, PLEASE BRIEFLY DESCRIBE.

6. Does this student have social problems with peers at school? Yes No

IF YES, WHAT SOCIAL SKILLS APPEAR MOST DIFFICULT?

7. Does this student have a circle of friends at school? Yes No

8. Have you had any successful *instructional* accommodations or interventions with your student? Yes No

WHAT *INSTRUCTIONAL* ACCOMMODATIONS OR INTERVENTIONS HAVE YOU USED WITH STUDENT?

9. Have you had any successful *behavioral* accommodations or interventions with your student? Yes No

WHAT *BEHAVIORAL* ACCOMMODATIONS OR INTERVENTIONS HAVE YOU USED WITH STUDENT?

10. Are there any modifications or accommodations you think might be helpful?

CLASSROOM OBSERVATIONS (CHECK ALL THAT APPLY)

Level of activity

Hyperactive

Appropriate

Lethargic/consistently tired

Effort / Motivation

Tries hard

Completes homework

Apathetic/indifferent

Careless in work

Brings materials to class

Works slowly

Hesitant to begin working

Gives up easily

Never completes homework

Works at reasonable pace

Eager to please

Often missing materials for class

Attention

Listens to instructions

Able to work independently

Does not understand directions

Able to stay on task

Poor memory skills

Begins work independently

Easily distracted

Understands most directions

Good memory skills

Temperament

Happy

Restless

Easily upset

Withdrawn

Kind

Flexible

Anxious

Patient

Needs routine

Confused

Depressed

Refrains from abusive language

Laid back

Angry/hostile

Truthful/trustworthy

Impulsive

Daydreams

Disorganized

Relationship with peers

Works/plays alone

Respects others property

Waits for others to initiate social interaction

Interacts well with others

Participates in group activities

Demonstrates a level of concern for others

Distracts peers

Often hits or pokes peers

Avoids peer interaction

Initiates social interaction

Relationship with teacher

Cooperative

Withdrawn

Refuses to follow instructions

Seeks attention

Needs individual attention

Physical Appearance

Neat/clean

Appears to see well enough to participate in class activities

Appears to hear well enough to participate in class activities

Needs help with self-care

Wears/has glasses

Wears/has hearing aides

Generally healthy

Needs sight screened by school nurse

Needs hearing screened by school nurse

Sick often

OTHER PHYSICAL ISSUES

Attendance

Always present

Misses often

Skips class often

Arrives to class on time

Misses some

Late for class often

Academics

Work Missing

Work incomplete

All work in

CURRENT GRADE IN CLASS

FORM COMPLETED BY

TEACHER'S SIGNATURE

DATE SIGNED