



# IEP SNAPSHOT

*A Quick Reference Guide for Regular Education Teachers*

Name: Click or tap here to enter text.

DOB: Click or tap here to enter text.

Disability: Click or tap here to enter text.

Annual Review Date: Click or tap here to enter text.

**Services:** (Highlight all that apply)

Reading

Writing

Math

Behavior

Transition

**Related Services:**

\_\_\_ Speech

\_\_\_ Counseling

\_\_\_ OT

\_\_\_ Other: \_\_\_\_\_

\_\_\_ PT

**Behavior Plan:** Yes No

(If Yes, see attached plan)

**Classroom Accommodations:**

Click or tap here to enter text.

**Testing Accommodations:**

Click or tap here to enter text.

Teacher Signature:

Date: