

CHILD'S EDUCATION PROGRAM DESCRIPTION

Child: _____

Teacher: _____

School District: _____

Date: _____

Please briefly describe the services the child receives during his/her daily schedule:

<i>Subject Area</i>	<i>Length (mins.)</i>	<i>Provider – e.g. Reg/Sped, Teacher, Aide</i>	<i>Accommodations</i>	<i>Curriculum Modifications</i>

Does this student have a behavior plan?

- Yes (If yes, please attach)
- No

Please indicate strategies that are helpful or to be avoided when working with this child.

(i.e. seat along “edge”, avoid unstructured group activities, provide graphic organizers)
