

**Self Contained Classroom
STUDENT YEAR-END
SUMMARY**

Student Name: _____

D.O.B. _____ Age: _____

Present Date: _____

Parents: _____

Address: _____

Phone: _____

Current grade: _____

Classification: _____

Placement: _____

Date of Last IEP: _____

Cluster Teacher: _____

Attendance:

In-School Services:

Guidance: _____

 Individual: _____

 Group: _____

Speech-Language: _____

 Individual: _____

 Group: _____

Other:

(i.e., O.T., P.T., Adap. P.E., medications, etc.)

Outside Agency Involvement:

Mainstream Involvement:

(include academic, nonacademic areas;
amount of time; and accommodations and
modifications in the classroom)

Mainstream Teachers:

CURRENT PERFORMANCE

ACADEMIC SUMMARY:

(Include current performance levels, curriculum used, areas of strength and weakness, placement in materials, etc.)

Reading:

Math:

Spelling:

Writing:

Other:

BEHAVIORAL SUMMARY:

(Include present performance levels, interventions attempted, areas of strength and weakness, etc.)

RECOMMENDATIONS FOR _____ SCHOOL YEAR (Include services)