

Accommodation Snapshot

Student Name: _____

Date of IEP: _____

Grade: _____

Date of RER: _____

IEP/504 Expiration Date: _____

IEP GIEP 504 ELL (Check all that apply)
Full Time Blended Credit Recovery (Check all that apply)

Strengths of Student:

Goals for the Student:

Weaknesses of Student:

Specially Designed Instruction Specific to Virtual Learning (SDIs):

School District: _____

Staff Member Requesting Accommodation: _____

Staff Signature: _____ Date: _____