OAKLAND SCHOOLS TECHNICAL CAMPUS (OSTC) Summary for Student with an \Box IEP \Box 504

	Summary for Student with an	
□ NW □ NE □ SE □ SW	7	Н.S.:
Student Name:	Grade (next year):	
Area of Eligibility:	Ses	ssion:
 SLD (Specific Learning Disability) Written Expression Oral Expression Listening Comprehension 	 Basic Reading Skill Reading Fluency Skills Reading Comprehension 	 Math Calculation Math Problem Solving
 Hearing Impairment Visual Impairment Deaf-Blindness Other Health Impairment: 	 Autism Spectrum Disorder Emotional Impairment Traumatic Brain Injury 	 Cognitive Impairment Physical Impairment Speech & Language Impairment
Accommodations as Specified in	the IEP/504:	
 Take test in small group Take test in alternate setting Have test read/audio format Have student give test answers orally Record test answers for student Other: 	 Use of word processor Use of audio books Use of recording device Use of calculator Digital equipment/electronics: 	 Offsite access to textbook Large print/alternate formats Copy of class notes BIP - Behavior Intervention Plan (attach)
Extended time on assignments: If Other, Explain:	Extended time on tests and quizz If Other, Explain:	tes: Extended time on standardized tests: If Other, Explain:
Areas of Strength:		
 Positive attitude Leadership qualities Completes work Keeps track of assignments Other: 	 Works to ability Works independently Works well with others Accepts redirection/correction 	 Reliable/Dependable/Motivated Seeks help when needed Shows self-control Accepts responsibility for behavior
Areas of Concern/Difficulties:		
		InizedIncomplete assignmentsto class unpreparedPoor test scoresg homeworkExcessive absences/tardiness
Current Support Services:		
School Social Work Speech/L	anguage 🗌 Occupational Therapy	Physical Therapy Other:
Contact Information:		
Completed by:	Title:	Transition Coord:
Phone #:	Phone #:	
Email:	Email:	

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