

IEP/504 Date:

**OAKLAND SCHOOLS TECHNICAL CAMPUS (OSTC)**  
**Summary for Student with an ☐ IEP ☐ 504**

Today's Date

☐ NE ☐ NW ☐ SE ☐ SW

H.S.:

**Student Name:**

**Grade (next year):**

**Session:**

**Area of Eligibility:**

- ☐ 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 quizzes:
- If Other, Explain:

- ☐ 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:**

- ☐ Impulsive
- ☐ Distractible
- ☐ Short attention span
- ☐ Other:

- ☐ Attention seeking
- ☐ Appears unmotivated
- ☐ Lacks self confidence

- ☐ Disorganized
- ☐ Comes to class unprepared
- ☐ Missing homework

- ☐ Incomplete assignments
- ☐ Poor test scores
- ☐ Excessive absences/tardiness

**Current Support Services:**

- ☐ School Social Work
- ☐ Speech/Language
- ☐ Occupational Therapy
- ☐ Physical Therapy
- ☐ Other:

**Contact Information:**

**Completed by:**

**Title:**

**Transition Coord:**

**Phone #:**

**Phone #:**

**Email:**

**Email:**