Student Name: _____ **Staffing Date:** _____

Teacher Notification of Special Needs

Anyone responsible for implementing special education services must be notified of her/his specific responsibilities.

This student is placed in the following regular education classes **without accommodations:**

This student is placed in the following regular education classes **with accommodations:**

Specific **class accommodation**s are listed below where **box #1** is checked.

This student will participate in state/district wide testing to the extent listed below.

For the State Assessment the Student will: **For District-Wide Assessments the Student will:**

Specific **state/district test accommodations** are listed below where **box #2** checked.

#1 Classroom Accommodation	#2 State/District Test Accommodation	
☐	☐	_____
☐	☐	_____
☐	☐	_____
☐	☐	_____
☐	☐	_____
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☐	☐	_____
☐	☐	_____
☐	☐	_____
☐	☐	_____
☐	☐	_____

It might be helpful for you to know that the following student strengths were noted at the IEP meeting.

This student receives the following Special Education interventions:

SPECIAL EDUCATION	Ed. Environment	**RELATED SERVICES**	Ed. Environment	Type

This student should:

☐ wear glasses: ☐ close work ☐ distance

☐ wear hearing aid