

PRESENT LEVELS OF EDUCATIONAL PERFORMANCE

(Including results of most recent evaluation)

Student _____

Date _____

Strengths/interests/Learning Preference

Preacademic/Academic/Functional Skills Narrative

STAR _____ **Math** _____ **Language** _____ **Spelling** _____ **Science** _____ **Social Science** _____

Standards: English/Language Arts _____ **Math** _____ **SABE/2 Reading** _____ **Math** _____ **Language** _____ **Spelling** _____

Alternate Assessment Results: _____

Districtwide Assessment Results: _____

Communication Development

Motor Development

Gross _____

Fine _____

Social/Emotional Development

Health

Pre-vocational/ Vocational Skills

Self-Help

Specify supplemental aids and services to be provided to or on behalf of the student

Specify program modification for student

Specify supports for school personnel

Areas of educational need to be addressed in goals and objectives

Transition Service needs related to courses of study (age 14, or younger as appropriate)
