

Daily Documentation for: _____

Week of: _____

	IEP Accommodations	Behavior	Comments
M	<p> <input type="checkbox"/> Tests/quizzes read <input type="checkbox"/> Extra time on tests <input type="checkbox"/> Small group testing <input type="checkbox"/> Additional Breaks during testing <input type="checkbox"/> Extended time for an assignment <input type="checkbox"/> Repeat/paraphrase directions <input type="checkbox"/> Copy of notes after attempt <input type="checkbox"/> May type instead of handwrite <input type="checkbox"/> Cool Off Pass/Break Card <input type="checkbox"/> enlarge classroom materials/assignments <input type="checkbox"/> preferential seating near instruction <input type="checkbox"/> Narrow choices for MC/matching <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ </p>	<p> Behavior was appropriate <input type="checkbox"/> Redirection was needed to keep student on task but the student was not a disruption <input type="checkbox"/> The student was sleeping or in other ways off task but was not a disruption <input type="checkbox"/> The student disrupted class but the incident was resolved without incident <input type="checkbox"/> The student was disruptive or disrespectful and had to be removed from the classroom (see incident report) <input type="checkbox"/> Student's behavior plan was followed with fidelity (consistency) </p>	<p> <input type="checkbox"/> Accommodations were offered but refused <input type="checkbox"/> The student did not stay with the reader during a test <input type="checkbox"/> The classroom activity did not require the use of the accommodations today Explain: _____ Other: _____ _____ _____ _____ </p>
T	<p> <input type="checkbox"/> Tests/quizzes read <input type="checkbox"/> Extra time on tests <input type="checkbox"/> Small group testing <input type="checkbox"/> Additional Breaks during testing <input type="checkbox"/> Extended time for an assignment <input type="checkbox"/> Repeat/paraphrase directions <input type="checkbox"/> Copy of notes after attempt <input type="checkbox"/> May type instead of handwrite <input type="checkbox"/> Cool Off Pass/Break Card <input type="checkbox"/> enlarge classroom materials/assignments <input type="checkbox"/> preferential seating near instruction <input type="checkbox"/> Narrow choices for MC/matching <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ </p>	<p> Behavior was appropriate <input type="checkbox"/> Redirection was needed to keep student on task but the student was not a disruption <input type="checkbox"/> The student was sleeping or in other ways off task but was not a disruption <input type="checkbox"/> The student disrupted class but the incident was resolved without incident <input type="checkbox"/> The student was disruptive or disrespectful and had to be removed from the classroom (see incident report) <input type="checkbox"/> Student's behavior plan was followed with fidelity (consistency) </p>	<p> <input type="checkbox"/> Accommodations were offered but refused <input type="checkbox"/> The student did not stay with the reader during a test <input type="checkbox"/> The classroom activity did not require the use of the accommodations today Explain: _____ Other: _____ _____ _____ _____ </p>
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Additional Notes:

Student: _____ Special Ed. Teacher: _____

General Ed. Teacher: _____ Subject: _____

Accommodations

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31