

Module 2 Workbook

Class Review

Learning in Safe Schools

Class Review Recording Form

Classroom Strengths

Classroom Stretches

Teacher:

Class:

Goals

Decisions

Individual Concerns

Medical

Language

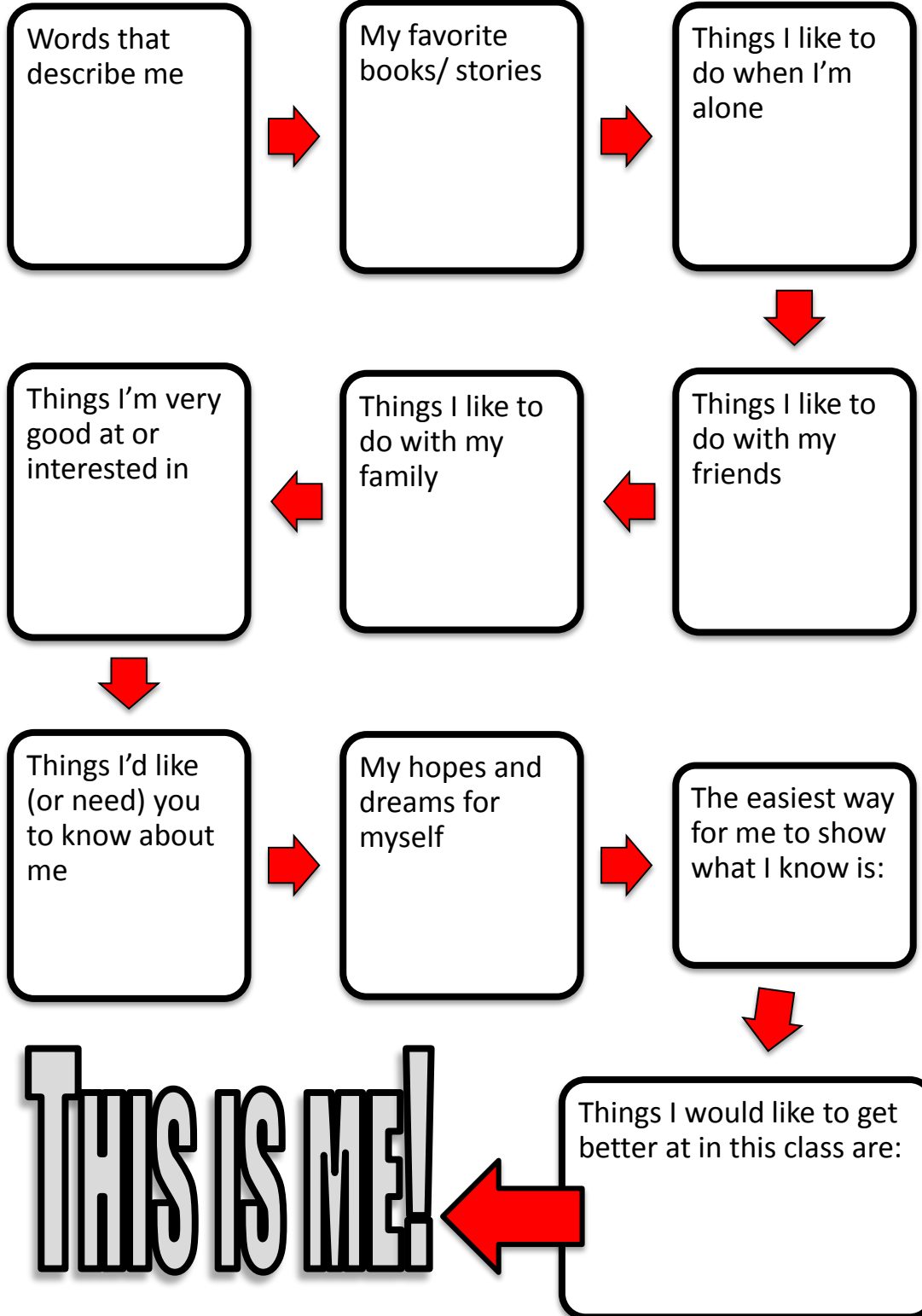
Learning

Socio-Emotional

Other

Who Am I? Profile

Name:



Name:

Grade:

1

class

Teacher/ EA

A

B

C

D

Some things that I am good at:

Things I really like:

Some things you need to know about me:

Some things I want to get better at this year:

The easiest way to show what I know is:

Name: Grade:	Counselor: Student ID: Homeroom:
Case Manager:	

Parents/Guardians Home Phone #: Cell #: Work #:	Address:
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1	class	Teacher	support	program
A				
B				
C				
D				

Student Information

Student Information	Category:
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Strengths

Concerns

Other relevant Information/ strategies

Recommended Program Adaptations

<input type="checkbox"/> Extra time for assignments	<input type="checkbox"/> Seating to accommodate vision	<input type="checkbox"/> Reader
<input type="checkbox"/> Use of visual supports/ prompts	<input type="checkbox"/> Spell check/ no penalty for spelling errors	<input type="checkbox"/> Separate location for tests/quizzes
<input type="checkbox"/> Use of SET BC technology	<input type="checkbox"/> Access to a word processor	<input type="checkbox"/> Extra time for tests/ quizzes
<input type="checkbox"/> Providing breaks	<input type="checkbox"/> Photocopy notes	<input type="checkbox"/> Seating to accommodate behavior
<input type="checkbox"/> Manipulatives available for work/tests	<input type="checkbox"/> Audio Books	<input type="checkbox"/>
<input type="checkbox"/> Calculator available for tests	<input type="checkbox"/> Scribe	<input type="checkbox"/>
		<input type="checkbox"/>

RTI

Lens:

