

WARREN COUNTY SCHOOLS

Exceptional Children Program

Student Profile Sheet

Student Name: _____ Grade: _____ Category: _____

Case Manager: _____ Related Services (if applicable): _____

Type of Service: _____ Amount of Time: _____
(Example: Math, Reading, etc.) (5X per week, 90 minutes per session)

REGULAR CLASSROOM MODIFICATIONS: (CHECK ALL THAT APPLY.)

<input type="checkbox"/> grading	<input type="checkbox"/> extended time	<input type="checkbox"/> Braille/ braillewriter	<input type="checkbox"/> computerized adaptive	<input type="checkbox"/> student marks in test book
<input type="checkbox"/> modified assignments	<input type="checkbox"/> portfolio	<input type="checkbox"/> preferential seating	<input type="checkbox"/> interpreting/ transliterating	<input type="checkbox"/> multiple test sessions
<input type="checkbox"/> alternative materials	<input type="checkbox"/> large print	<input type="checkbox"/> video cassette	<input type="checkbox"/> demonstration teaching	<input type="checkbox"/> testing-separate room
<input type="checkbox"/> graphic organizers	<input type="checkbox"/> audio tapes	<input type="checkbox"/> Cranmer- Abacus	<input type="checkbox"/> assistive devices	<input type="checkbox"/> one test item per page
<input type="checkbox"/> tech. assist./ inservice	<input type="checkbox"/> study guides	<input type="checkbox"/> dictation to a scribe	<input type="checkbox"/> computer/ typewriter/ word processor	<input type="checkbox"/> Other: _____ _____
<input type="checkbox"/> read aloud		<input type="checkbox"/> magnification devices		

PRESENT LEVEL OF PERFORMANCE				
	Significantly Below Grade Level	Below Grade Level	At Grade Level	Above Grade Level
Math				
Reading				
Written Expression				
Verbal Expression				
Fine/Gross Motor or Mobility Skills				

Other information about how this student learns best. (What works well? What doesn't work?):

If you have questions about modifications or would like to review a student's IEP, please contact the student's assigned case manager.