

HIGH SCHOOL SUMMER SCHOOL INFORMATION EXCHANGE
 Department of Special Education
 Lincoln Public Schools

Number of days student attended _____

_____ *year*

Student Last Name _____ First Name _____ Current School _____ Student No. _____

Birth date _____ Phone _____ Current IEP/IFSP Manager _____

Parent/Guardian Last Name _____ First Name _____ Summer School Building _____

Address _____ Zip _____ Summer School IEP Manager _____

Reading Level _____ Math Level _____

Verification (check all that apply): AUT BD DD HI MH:MI MH:MOD MH:S/P OI OHI SLD: Area(s) _____ SLI TBI VI DB Multi

Related Services: OT PT Speech Sign Language/Interpreter Vision Resources

INFORMATION FROM CURRENT IEP/IFSP		SUMMER SCHOOL REPORT
<i>1. Goals from current IEP recommended for summer, 1-3 in order of priority</i>		<i>1. Goals Completed</i>
<i>2. Objectives</i>		<i>2. Objectives Completed</i>
<i>3. Regular Education Classes Attended During Current Year</i>	<i>Recommended for Summer</i>	<i>3. Regular Education Classes Completed</i>

INFORMATION FROM CURRENT IEP/IFSP	SUMMER SCHOOL REPORT
<i>4. Learning strengths</i>	<i>4. Observed strengths</i>
<i>5. Learning needs</i>	<i>5. Observed needs</i>
<i>6. Behavior management concerns and techniques</i>	<i>6. Observation of behavior</i>
<i>7. Health problems to be alerted to</i>	<i>7. Health problems observed</i>
<i>Comments</i>	<i>Comments</i>
<i>Accommodations</i>	<i>Accommodations</i>
<i>Current Teacher</i> _____	<i>Summer School Teacher</i> _____

