

Number of days student attended _____

ECSE 8th Grade - SUMMER SCHOOL INFORMATION EXCHANGE
 Department of Special Education
 Lincoln Public Schools

_____ 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 _____

5 HDGLQJ /HYHO 0DWK /HYHO _____

9HUL (Check all that apply): VAUT VBD VDD VHI VMH:MI VMH:MOD VMH:S/P VOI VOHI SLD: Area(s) _____ VSLI VTBI VVI VDB VMulti

5HODWHG VOTU YVFFTH WSpeech VSign Language/Interpreter VVision Resources

_____ , 1) 250 \$ 7, 21) 520 & 855 (, 1 (3 ,) 63 _____ 6800 (5 6 & + 225 (3257

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

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<i>4. Learning strengths</i>	<i>4. Observed strengths</i>
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<i>5. Learning needs</i>	<i>5. Observed needs</i>
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<i>6. Behavior management concerns and techniques</i>	<i>6. Observation of behavior</i>
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<i>7. Health problems to be alerted to</i>	<i>7. Health problems observed</i>
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<i>Comments</i>	<i>Comments</i>
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<i>Accommodations</i>	<i>Accommodations</i>
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<i>Current Teacher</i> _____	<i>Summer School Teacher</i> _____
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For Office Use Only: <input type="checkbox"/> Copy Sent to Parent/Guardian <input type="checkbox"/> Original to School Permanent Folder
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