

Student: _____

Meeting Date: _____

Section E. Related Services, Supplementary Aids and Services, Program Modifications

Describe related services and supplementary aids and services to be provided to or on behalf of the student and the program modifications and supports for school personnel that will be provided to enable the student to advance toward attaining annual goals, be involved and progress in the general education curriculum and participate in extracurricular activities, and be educated and participate with other children with disabilities and with nondisabled children:

Section F: State or District-wide Assessments

List Specific Assessment and/or Content Areas	No Accommodations or Modifications	Accommodations	Modifications	Alternate Assessment (CAPA)

For each assessment/content area, describe the accommodations or modifications necessary for the student to participate in the assessment. If the student is participating in the Alternate Assessment; explain why.

How will the student participate in the STAR assessment: (check only one)

10 To participate without accommodations or modifications
 30 To participate in alternate assessment (CAPA)
 11 To participate with accommodations
 90 Student not in grades 2-11; therefore, outside testing range
 12 To participate with modifications