## MODIFICATIONS, INTERVENTIONS, ACCOMMODATIONS, SUPPLEMENTARY AIDS/SERVICES

NAME OF STUDENT _____ CAMPUS _____ DATE _____

| MANAGE BEHAVIOR BY PROVIDING: | SUBJECT | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | All Subjects | General Ed. | Special Ed. | Reading | English/LA | Math | Social Studies | Science | Electives |
| Clearly defined limits | | | | | | | | | |
| Frequent breaks | | | | | | | | | |
| Reminders of rules | | | | | | | | | |
| Reminders to stay on task | | | | | | | | | |
| Supervision during transition activities | | | | | | | | | |
| Campus discipline plan | | | | | | | | | |
| Classroom discipline | | | | | | | | | |
| Positive behavior interventions | | | | | | | | | |
| Other: | | | | | | | | | |
| Other: | | | | | | | | | |
| Other: | | | | | | | | | |
| Other: | | | | | | | | | |

**ASSISTIVE TECHNOLOGY DEVICES AND SERVICES**

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|---|---|---|---|---|---|---|---|---|---|
| ☐ None Needed | | | | | | | | | |
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**CONSIDERATION OF LEAST RESTRICTIVE ENVIRONMENT**

☐ Based on the ARD committee review of evaluation data, new annual goals and short-term objectives, modifications, interventions, accommodations, supplementary aids and services, and previous efforts/considerations, the committee agrees that this student will receive all instruction and services in a general education classroom.