MONITORING/INCLUSION COMMUNICATION

School:_____ **Date of Request:**_____

Circle One: **IEP** **504 Plan** **SAT**

Regular Educator:_____ **Subject:**_____

Student:_____ **Grade:**_____ **WVEIS#**_____

To be completed by regular educator:

Please check: (This student):	YES	NO
Reports to class on time	_____	_____
Attends regularly	_____	_____
Comes to class prepared	_____	_____
Participates in class	_____	_____
Asks for assistance	_____	_____
Performs satisfactorily on tests	_____	_____
Turns in class assignments	_____	_____
Completes homework regularly	_____	_____
Demonstrates good behavior	_____	_____
Maintains a passing score (grade average_____)	_____	_____

If you would like a conference, please check. _____Special Educator _____Parents
_____Other

Comments:_____

Please sign to indicate your awareness, implementation, and documentation of the accommodations and/or modifications required for this student.

_____Signature of Regular Educator

To be completed by the caseload teacher for IEPs (or team member if 504 or SAT)
After you receive the above communication, please document follow-up actions taken.

_____

_____

_____

_____

RETURN TO:_____ **DATE DUE:**_____
(Caseload teacher/team member)

White - County Yellow - School Pink - Parent/Student