##### Early Childhood Special Education Page

Child’s Name: Date of Birth Date:

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| --- | --- | --- | --- | --- | --- |
| Supplementary Services; Adaptations; Accommodations | How Often? | Location | Who will do this? | Start Date | Stop Date |
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| Modifications or Support for Program Personnel |  |  |  |  |  |
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#### Consideration of Special Factors

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| 1. Does the child’s **behavior** impede his/her learning or that of others?🞏 No 🞏 Yes, strategies to address behavior are included in the IFSP. | 1. Does the child have **communication** needs?

🞏 No 🞏 Yes, communication needs are addressed in the IFSP. |
| 1. Is the child **blind or visually impaired**?

🞏 No 🞏 Yes, pre-reading and writing needs addressed in the IFSP and evaluation are attached. | 1. Is the child **deaf or hard of hearing**?

🞏 No 🞏 Yes, communication needs are addressed in the IFSP. |
| 1. Does the child require **assistive technology** devices and services?

🞏 No 🞏 Yes, services addressed in the IFSP. | 1. Does the child require **extended year services**?

🞏 No 🞏 Yes [ ]  Maybe, collect data and determine later. |
| 1. Is the child or the child’s family, **limited English proficient?**

🞏 No 🞏 Yes, limited English proficiency needs are addressed in the IFSP. |      |