

Student's Legal Name: _____ **USD#** _____

<p align="center">IEP Team Consideration of Evaluation Results and Special Factors</p>		<p>If yes, briefly describe where and/or how this need is addressed in the IEP.</p>
<p>Have the needs of the student which were identified in the most recent evaluation of the student, including observed needs and the student's performance on general state and district-wide assessments, been considered in the development of the student's IEP?</p>	<p>Yes No</p>	
<p>If the student is blind or visually impaired, does evaluation of the student's reading and writing skills, needs, and appropriate reading and writing media (including an evaluation of the student's future needs for instruction in Braille or the use of Braille), indicate that instruction in Braille or the use of Braille is appropriate for the student? (For guidance see OSEP Memorandum 96-4, Policy Guidance on Educating Blind and Visually Impaired Students.)</p>	<p>Yes No</p>	
<p>Does the student have limited English proficiency?</p>	<p>Yes No</p>	
<p>Does the student have any special communication needs?</p>	<p>Yes No</p>	
<p>If the student is deaf or hard of hearing, does the student have any special communication needs relating to opportunities for direct communications with peers and professional personnel in the student's language and communication mode, academic level, or opportunities for direct instruction in the student's language and communication mode? (For guidance see policy guidance entitled "Deaf Students Education Services" published in the Federal Register at 57 FR 49274, October 30, 1992, and reaffirmed in March, 1999.)</p>	<p>Yes No</p>	
<p>Does the student require specially designed adaptive physical education?</p>	<p>Yes No</p>	
<p>Does the student require a healthcare plan?</p>	<p>Yes No</p>	
<p>If this student has an emotional disturbance, is a mental health consultation needed?</p>	<p>Yes No</p>	
<p>Does the student's behavior impede his or her learning or that of others? (If yes, attach a behavior plan.)</p>	<p>Yes No</p>	
<p>Does the student require any assistive technology devices or services in order to be involved and to progress in the general curriculum or to be educated in a less restrictive environment?</p>	<p>Yes No</p>	

Is special transportation needed for this student?	Yes No	
Are ESY services currently necessary? (If yes, complete ESY form.)	Yes No	
Was Least Restrictive Environment considered throughout the IEP process?	Yes No	
Does the student require a transition plan? (For students 13 and older.)	Yes No	