Deciding Services (IEP) and Accommodations (IEP/504) from the Evaluation for Initial IEP or 504 Plan

Student: _____ **Evaluation Date:** _____

Area of Concern: (ex. Anxiety around timed test taking)	**How is the need being addressed - accommodation and/or service:** (ex. Accommodation)	**Accommodation or Service:** (ex. Student will be allowed extra time to complete classroom assignments, quizzes, or tests (double-time).	**Goals for services:**

For more information visit https://www.decodingdyslexiamn.org/binders

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