



# Spokane County Head Start/EHS CLASSROOM PLANNING FOR A CHILD WITH AN IEP

Child Name: \_\_\_\_\_ School District \_\_\_\_\_

Site/Rm: \_\_\_\_\_ DOB \_\_\_\_\_ Elementary School \_\_\_\_\_

Date of IEP (on copy) \_\_\_\_\_ Days/times of services \_\_\_\_\_

Primary Diagnosis \_\_\_\_\_ School transportation contact info. \_\_\_\_\_

Special Ed. Provider/contact info. \_\_\_\_\_

### Getting to Know Child:

Describe child's abilities, strengths, and interests: \_\_\_\_\_

### Child:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Feeds self                | <input type="checkbox"/> Follows verbal directions       | <input type="checkbox"/> Communicates verbally                               |
| <input type="checkbox"/> Is potty trained          | <input type="checkbox"/> Joins in large group activities |  |
| <input type="checkbox"/> Takes a nap               | <input type="checkbox"/> Joins in small group activities | <input type="checkbox"/> Participates in activities without physical support |
| <input type="checkbox"/> Follows a visual schedule | <input type="checkbox"/> Moves self independently        |  |

Explain: \_\_\_\_\_

### Welcoming Child:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Health Plan in place | <input type="checkbox"/> Allergies               | <input type="checkbox"/> Safety considerations  |
| <input type="checkbox"/> Special Diet         | <input type="checkbox"/> Special equipment needs | <input type="checkbox"/> Sensory considerations |

Explain: \_\_\_\_\_

### Environment Considerations:

- |   |   |                                     |
|---|---|-------------------------------------|
| <input type="checkbox"/> Review furniture arrangement | <input type="checkbox"/> Visual support                   | <input type="checkbox"/> Adapt toys |
| <input type="checkbox"/> Adapt equipment              | <input type="checkbox"/> Alternate chairs/seating support |                                     |

Explain: \_\_\_\_\_

### Planning for Support:

Staff informed:  CM  Specialist (Disabilities, others as needed)  Classroom Team  
 Training needed (i.e., area of disability, classroom support strategies, special equipment)

Explain: \_\_\_\_\_

### Follow-Up Needed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Staff in Attendance:

\_\_\_\_\_  
\_\_\_\_\_  
Site/Rm: \_\_\_\_\_  AM  PM  
Teachers: \_\_\_\_\_