

# THE CAREER ACADEMY SUPPLEMENTAL INFORMATION FOR STUDENTS WHO RECEIVE SPECIAL EDUCATION SERVICES

Department of Special Education • Lincoln Public Schools

This form must be completed by the IEP Manager for all students who are applying to The Career Academy. The information on this form will be used for admissions consideration along with the formal application to TCA. Please attach the student's IEP and any pertinent health records. Please complete all sections of the form to provide a complete overview of the student.

Student's Name: \_\_\_\_\_

Student's ID: \_\_\_\_\_ Student's Grade: \_\_\_\_\_

Student's Disability: \_\_\_\_\_

Home Attendance School: \_\_\_\_\_

Home Attendance School Coordinator's Name: \_\_\_\_\_

Home Attendance School Coordinator's Email: \_\_\_\_\_

Home Attendance School IEP Manager's Name: \_\_\_\_\_

Home Attendance School IEP Manager's Contact Email: \_\_\_\_\_

## STUDENT BEHAVIOR and WORK STUDY SKILLS

Please rate student on a scale from 1 to 10 with 10 being the student does extraordinarily well.  
Please fill in the blank with the rating number that closest indicates the student behavior and work habits.

### CLASSROOM BEHAVIORS

1-----2-----3-----4-----5-----6-----7-----8-----9-----10  
**Rarely** **Occasionally** **Consistently**

- \_\_\_\_\_ ON TASK
- \_\_\_\_\_ FOLLOWS DIRECTIONS
- \_\_\_\_\_ COMPLETES ASSIGNED WORK
- \_\_\_\_\_ PARTICIPATES IN CLASS
- \_\_\_\_\_ ASKS FOR ASSISTANCE AND CLARIFICATION

### EXTERNALIZING BEHAVIORS

1-----2-----3-----4-----5-----6-----7-----8-----9-----10  
**Rarely** **Occasionally** **Consistently**

- \_\_\_\_\_ EXHIBITS APPROPRIATE PHYSICAL BEHAVIOR TOWARD OTHERS
- \_\_\_\_\_ USES APPROPRIATE VERBAL BEHAVIOR

### SOCIALIZATION

1-----2-----3-----4-----5-----6-----7-----8-----9-----10  
**Rarely** **Occasionally** **Consistently**

- \_\_\_\_\_ COPES APPROPRIATELY WITH CHANGE
- \_\_\_\_\_ SEEKS POSITIVE ADULT INTERACTION/RELATIONSHIPS

**Additional Student's Strengths:****Additional Student Needs:****Academic Performance:**

Please comment on any academic concerns not addressed in the IEP or Progress Reports

**Accommodations Needed:**

Listed below are reasonable accommodations routinely implemented for dual credit classes. Please check any needed by the student. Please note any additional accommodations the student may receive. Note: Accommodations to dual credit classes may not change the content or requirements of the course.

- STUDENT WILL NEED 1.5X TIME ON ALL IN CLASS ACTIVITIES, QUIZZES, AND TEST WHEN TIME IS NOT ESSENTIAL.
- THE INSTRUCTOR WILL PROVIDE COPIES OF CLASS OVERHEADS, TRANSPARENCIES, OR POWERPOINT PRESENTATIONS, NOT AVAILABLE ELSEWHERE, PRIOR TO THE LECTURE. IF SUCH DOCUMENTS ARE NOT USED, PLEASE SHARE COPIES OF INSTRUCTOR NOTES.
- WHEN NEEDED, STUDENT WILL NEED TO HAVE A SCRIBE TO RECORD HER DICTATION.
- STUDENT WILL NEED ACCESS TO SPELL CHECK/GRAMMAR CHECK FOR WRITING ASSIGNMENTS.
- STUDENT NEEDS TO TEST IN A DISTRACTION FREE ENVIRONMENT. PLEASE ARRANGE WITH RESOURCE TEACHER.
- STUDENT IS PERMITTED TO USE A CALCULATOR.
- STUDENT WILL NEED TO HAVE TEST READ ALOUD. PLEASE WORK WITH RESOURCE TEACHER.
- STUDENT WILL NEED TO USE A COMPUTER FOR ALL WRITING ASSIGNMENTS.
- STUDENT IS ALLOWED TO USE PERSONAL MAGNIFIER.
- STUDENT WILL NEED PREFERENTIAL SEATING.
- PROVIDE THE STUDENT WITH A COPY OF MATERIAL THAT IS WRITTEN ON THE WHITEBOARD AND/OR OVERHEADS.
- DIVIDE TESTS INTO SMALLER SECTIONS VERSUS ONE LARGE TEST.
- STUDENT WILL NEED PREFERENTIAL SEATING.
- STUDENT IS ALLOWED TO USE A PERSONAL RECORDING DEVICE TO RECORD CLASS LECTURE AND DISCUSSION.

Please note any additional accommodations the student may receive. **Note:** Accommodations to dual credit classes may not change the content or requirements of the course.

**Health Needs:**

Please attach the student's pertinent health record.

**Additional Comments:**

Form Completed By: \_\_\_\_\_ Date: \_\_\_\_\_