END OF YEAR SUMMARY – STUDENT OUTCOMES

Student:_____ Date:_____

OSIS:_____ Mandate:_____

S/L Provider:_____ School/Population:_____

Directions: Please respond to the following questions and attach current IEP and/or Speech/Language Progress Report.

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1.) How does the student communicate?

 Nonverbal Behaviors specify:_____ Speech AAC Supports specify_____ Sign Language ASL or Signed English Writing

2.) Check-off current intervention emphasis.

 pre-language auditory processing phonology/speech production voice

 conceptual language (semantics, temporal, spatial, etc.) pragmatics fluency feeding structural language (syntax, morphology)

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If AAC user, attach copy of boards (if available) and identify:

Name system:_____ Specify size/number of symbols:_____

Mode of response/access: eye gaze point switch & location (e.g., head, hand, foot)_____

Response time: rapid normal delayed

3.)Identify what the student responds to best:

a.) Type of prompts: verbal visual physical

b.) Intervention strategies: questioning techniques sentence completion sabotage other_____

c.) Describe the student's preferred materials, learning style and sensory needs._____

_____

_____

4.) Is there a behavior management plan in the IEP? YES NO

Identify behaviors and preferred reinforcers._____

_____

5.) What are the next short term objectives for this student for the upcoming year?_____

_____

6.) Special Diet/Allergies/Medications (side effects)/Medical Alerts/Medical Equipment (glasses, hearing aids, etc.):

_____

7.) Other Related Services: Vision___ Hearing___ Counseling___ OT___ PT___

8.) Reading Level: non-reader:___ sight words:___ beginning/primer:___ grade level:___

9.) Additional Information:_____