100	-at-a-Glance
Student Name:	Homeroom Teacher:
Grade/School Year:	IEP Case Manager:
Parent phone/email:	<del></del>
	Goals
Reading:	
Writing:	
Behavior:	
Math:	
Other:	
Strengths	
Accomm	nodations (circle)
Extended Time Smal	l Groups Read Aloud
Reduced Assignments	Resource Room
Chunking Special Sea	ting Sensory Break
Verbal/Visual Prompts	Gum/fidgets
Other:	

## Medications and Allergy List Medication Dosage Reason Time(s) Special Instructions Altergies

## Name: Altergies: Blood Type: Primary Doctor: Chronic Conditions: Medications: Date Immunizations, Illnesses, Surgeries, etc. Notes

Date	Name	Notes	
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Phone Call Log