

IBERVILLE PARISH COLLABORATION OF EFFORT (Grades K-4)
SPECIAL EDUCATION/REGULAR EDUCATION CORRELATION

DIRECTIONS: *Step 1:* Provide the MANDATORY form to all regular education teachers at each progress report period and ask them to complete. *Step 2:* Discuss progress and concerns. *Step 3:* Document specific actions taken by regular and special education teachers. *Step 4:* Place a copy in the student's RED MANAGEMENT folder.

SCHOOL		GRADE	
STUDENT		Reporting Period	
SPECIAL ED. TEACHER(S)			
REGULAR ED. TEACHER(S)			

Student's Performance in the Regular Classroom	Language Arts	Reading	Math	Science	Social Studies
Good Attendance	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3
Completes assignments	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3
Follow classroom rules	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3
Modified test	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> As Needed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> As Needed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> As Needed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> As Needed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> As Needed
Tests taken in the resource room	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> As Needed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> As Needed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> As Needed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> As Needed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> As Needed
Extended time on assignments	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> As Needed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> As Needed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> As Needed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> As Needed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> As Needed
Current average (grade) in your class					
Additional comments. Please indicate results of action taken. 1 st 9 weeks: _____ _____ 2 nd 9 weeks: _____ _____ 3 rd 9 weeks: _____ _____ 4 th 9 weeks: _____ _____	Action taken by regular education teacher: Action taken by special education teacher:	Action taken by regular education teacher: Action taken by special education teacher:	Action taken by regular education teacher: Action taken by special education teacher:	Action taken by regular education teacher: Action taken by special education teacher:	Action taken by regular education teacher: Action taken by special education teacher:

* 1 – does not perform skill consistently

2 – performs skill, but not consistently

3 – performs skill consistently

