

IBERVILLE PARISH COLLABORATION OF EFFORT (Grades 5-12)
SPECIAL EDUCATION/REGULAR EDUCATION CORRELATION FORM

DIRECTIONS: *Step 1:* Provide this **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.

STUDENT		GRADE	
SCHOOL		SUBJECT	
SPECIAL ED. TEACHER			
REGULAR ED. TEACHER			

Student's Performance in the Regular Classroom	1 st 9 weeks September 12, 2008	2 nd 9 weeks November 18, 2008	3 rd 9 weeks February 11, 2009	4 th 9 weeks April 22, 2009
Good Attendance/Punctual	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
Follows classroom rules	1 2 3	1 2 3	1 2 3	1 2 3
Modified tests	<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
Extended time on assignments/tests	<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:

*1 – does not perform this skill consistently 2- performs skill, but not consistently 3- performs skill consistently