

ST. BERNARD PARISH SCHOOL BOARD

Confidential Information

Documentation of Receipt of Modifications/Accommodations and/or Behavior Management Plan

Student: _____ School: _____

Special Education Teacher: _____ Date: _____

This student received special education services and requires modifications, accommodations and/or behavior management to be successful in his/her classes. The IEP committee, which included a regular education teacher, determined this is needed on a daily basis. Please review the IEP folder located at the school in the _____.

I have received the _____ modifications/accommodations form and/or _____ behavior management plan and understand that this must be implemented on a daily basis.

Teacher's Signature

Date

Original – IEP folder

Copy – Regular Education Teacher

SPECIAL EDUCATION OFFICE