



IEP Preparation Form (Teacher)

Overview of Child's Performance in a General Education Preschool

Child's Name _____ Site _____ Preschool Teacher _____ Date _____

Date	Preschool Screenings	Results	
	General Development (Brigance)	<input type="checkbox"/> Passed	<input type="checkbox"/> Referred to Child Development Support Staff
	Brigance Speech/Language Screen (Enhanced Brigance)	<input type="checkbox"/> Passed	<input type="checkbox"/> Referred to School-site Speech Therapist
	Temperament & Atypical Behavioral Screen (TABs)	<input type="checkbox"/> Passed	<input type="checkbox"/> Referred to Child Development Social Worker

<p><u>CHILD'S STRENGTHS</u></p>	<p><u>TEACHER'S CONCERNS</u></p>
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<p><u>ACCOMMODATIONS MADE IN THE CLASSROOM</u></p>
