

La Joya ISD Special Education Department Coordination of Services

Student: _____

Date of Birth: _____

ID: _____

Campus: _____

To: _____ General Education Teacher

From: _____ Special Education Teacher

Subject(s) _____

According to regulations and policy, the monitoring of special education students needs to occur and be documented to ensure coordination between General Education and Special Education teachers. This form will ensure that La Joya ISD is compliant with coordination efforts for our special education students.

Form Codes: S = Satisfactory

N = Needs Improvement

U = Unsatisfactory

Student.....	1st six weeks	2nd six weeks	3rd six weeks	4th six weeks	5th six weeks	6th six weeks
Maintains a passing grade, Indicate current grade						
Punctual to class						
Attends school regularly						
Brings supplies to class						
Follows Directions						
Maintains Appropriate Behavior						
Cooperates with teachers						
Cooperates with peers						
Completes assignments						
Turns in work on time						
Turns in completed homework						
Keeps up in class with extra accommodations/modifications						
Attends Tutoring						
Tier III Progress Monitoring (Attach documentation of progress & attendance)						

Specific Support I may need which Special Education can assist me with (please check those that would best help you): Help in Modifying Suggestions for behavior management

Weekly Conference Bi-Weekly Conference

Is there a need for additional modifications? Yes No If yes, Please Indicate

Teacher Input/Comments:

1st 6wks: _____

2nd 6wks: _____

3rd 6wks: _____

4th 6wks: _____

5th 6wks: _____

6th 6wks: _____

Teacher's Signature _____