*Name of School*_____ *Date*_____

Information Sheet for Special Area Teachers

Name of Student: _____

Please list any IEP Goals for this student that are appropriate for Special Area Classes:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Please list any medical or behavior issues for this student:

_____
_____
_____
_____
_____
_____
_____

Please provide any other useful information that might be beneficial when teaching this student.

_____
_____
_____
_____
_____
_____

Name of Classroom Teacher_____