**INSERT SOP NAME**

**INDIVIDUALIZED EDUCATION PROGRAM**

**General Program Accommodations and Modifications**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Student Name: |  |  |  | Date: |  |  |

Accommodations and/or Modifications, to be provided for the child or on behalf of the child, to enable the child to advance appropriately toward attaining annual goals, to be involved and progress in the general curriculum to the extent appropriate, and to be educated and participate with non-disabled peers to the extent appropriate. Accommodations may be in, but not limited to, the areas of time, scheduling, setting, presentation, and response.

\*Note: Accommodations for statewide assessments must be the same as those used in the classroom as noted on the IEP.

|  |  |  |  |
| --- | --- | --- | --- |
| **Accommodation/Modification** | **Frequency****(Specific Conditions)** | **Location****(Instructional Setting)** | **Duration****m/d/y to m/d/y** |
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