South Bend Community School Corporation
Special Education Services

Date: _____

Student Name: _____ SBCSC ID#: _____ STN#: _____

To: _____ Subject: _____ Class Period: _____

I am the Teacher of Record for the above-named student for this school year. The student has an IEP which requires that progress in all classes be closely monitored to ensure his/her success. In order to comply with federal and state laws, we must follow the attached instructional accommodations/modifications page of the IEP in ALL classrooms. These strategies are made individually according to the needs of the student.

Attached you will find a profile sheet outlining the above student's strengths, needs, learning styles, etc. If you would like to contact me in order to review the entire IEP, I will be glad to meet with you.

I will be sending out a progress check sheet at least once every grading period to monitor the behavior and academic progress of the student. Please complete the form and return it to my mailbox. This form and others will be useful during any conferences we may have regarding the student.

Please feel free to contact me at any time if you have problems and/or concerns. In this way, we can cooperatively plan strategies for ensuring the success of the student.

Thank you very much for your time and assistance.

Sincerely,

_____	_____	_____	_____
Special Education Teacher of Record	Room	Room Phone	Plan Time

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Please sign and return to me by: _____
Date

Teacher Name: _____ Student: _____

☐ I have received the profile sheet and accommodations for the above named student and DO NOT want a copy of the full IEP.

☐ I have received the profile sheet and accommodations for the above named student and WANT a copy of the full IEP.

_____ _____
Signature Date