

# DATA FOR THE PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE (PLAAFP)

COMPLETE AND SHARE A COPY WITH YOUR CHILD'S IEP/504 TEAM

REQUEST A MEETING TO ADDRESS CHALLENGES AND UPDATE THE PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE (PLAAFP)

My Child's Name \_\_\_\_\_ My Name \_\_\_\_\_ My Phone/Email \_\_\_\_\_

Important for my child's team to know \_\_\_\_\_

Document your child's strengths and needs observed between \_\_\_\_\_ (start date) and \_\_\_\_\_ (end date).

SERVICES/CLASS	CURRENT AMOUNT RECEIVED	WHAT'S NEEDED	COMMENTS
Example: Math Class Example: Speech Therapy	1 hour, 4 days a week	<input type="checkbox"/> no change <input type="checkbox"/> break during class <input type="checkbox"/> smaller class size <input type="checkbox"/> recorded classes <input type="checkbox"/> different service <input type="checkbox"/> other supports	
		<input type="checkbox"/> no change <input type="checkbox"/> break during class <input type="checkbox"/> smaller class size <input type="checkbox"/> recorded classes <input type="checkbox"/> different service <input type="checkbox"/> other supports	
		<input type="checkbox"/> no change <input type="checkbox"/> break during class <input type="checkbox"/> smaller class size <input type="checkbox"/> recorded classes <input type="checkbox"/> different service <input type="checkbox"/> other supports	
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\* SOURCE: PEATC'S BACK TO SCHOOL PLANNING GUIDE FOR STUDENT'S WITH IEP'S and understood.org



Challenges with Virtual Learning (check all that apply)	(check all that apply)
<input type="checkbox"/> poor or no internet	<input type="checkbox"/> outbursts
<input type="checkbox"/> student not able to complete work	<input type="checkbox"/> refusing to follow rules
<input type="checkbox"/> unable to focus/pay attention	<input type="checkbox"/> trouble wearing a mask
<input type="checkbox"/> parent working from home	<input type="checkbox"/> worrying a lot
<input type="checkbox"/> parent not at home during classes/services	<input type="checkbox"/> hard to focus
<input type="checkbox"/> student did not have a device to use/had to share with others	<input type="checkbox"/> sleep issues
<input type="checkbox"/> communication with school	<input type="checkbox"/> headaches
<input type="checkbox"/> access to breakfast/lunch	<input type="checkbox"/> stomach aches
<input type="checkbox"/> student does not have access to items needed (i.e. calculator, class notes, voice to type, etc)	<input type="checkbox"/> crying
<input type="checkbox"/> student required 1x1	<input type="checkbox"/> work refusal
<input type="checkbox"/> no counseling or social services	<input type="checkbox"/> other

Comments:

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## Please Add to My Child's Education Record

My child's name: \_\_\_\_\_ My name: \_\_\_\_\_

My email and/or phone: \_\_\_\_\_

### Distance Learning

My child's experience with distance learning (check all that apply):

Mostly Positive     Manageable     Done Independently     Engaging  
 Mostly Negative     Stressful     Done with Lots of Support     Boring

Comments:

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It is important for my child's teacher to be aware that:

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