

# PRESCHOOL IEP PLANNING SHEET

**PLEASE COMPLETE & RETURN TO PRESCHOOL OFFICE BEFORE ARC MEETING.  
FAX # 745-1304.**

**ARC DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_

**Student's Name:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**Teacher/Therapist Completing this Draft:** \_\_\_\_\_

**Important Notes for Present Levels of Performance:**

Communication (Speech/Language)	
Academic Performance (Classroom Performance/Concepts)	
Health/Vision/Hearing/Motor (Medical/Fine & Gross Motor/Sensory Issues)	
Social/Emotional Status (Behavior/Social Skills/Daily Living Skills)	
General Intelligence (Learning/Memory/Reasoning/Problem Solving)	
Vision/Learning Media (Functional vision impairments)	

**Possible IEP Goals & Benchmarks from Goal Bank:**

**Goal # (ex. Pre-Cog-4)      Benchmark #s (ex. 4A, 4C, & 4F)**


**Additional Goals/Benchmarks (not in bank):**

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**Ideas for Specially Designed Instruction Strategies**

(ex. Prompts, cues, models, multi-sensory instructional techniques, opportunities to rehearse/ practice skills, etc.)

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<b>Suggested SDI/Therapy Time:</b>	<b>Minutes</b>	<b>Day/Week/Month</b>	<b>Consult/Collab/Pull-Out</b>
<b>Special Education</b>	_____ per _____	_____	_____
<b>Speech-Language Therapy</b>	_____ per _____	_____	_____
<b>Occupational Therapy</b>	_____ per _____	_____	_____
<b>Physical Therapy</b>	_____ per _____	_____	_____
<b>Special Transportation</b>	_____ per _____	_____	_____
<b>Other:</b>	_____ per _____	_____	_____