

SANTA CLARA COUNTY  
SPECIAL FACTORS

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Name \_\_\_\_\_ IEP Date \_\_\_/\_\_\_/\_\_\_

Does the student require assistive technology devices and/or services?  No  Yes (Specify) \_\_\_\_\_

Does the student require low incidence services, equipment and/or materials to meet educational goals?  No  Yes (Specify) \_\_\_\_\_

Considerations if the student is blind or visually impaired \_\_\_\_\_

Considerations if the student is deaf or hard of hearing \_\_\_\_\_

If the student is an English Learner, complete the following section:

Does the student need primary language support?  No  Yes If yes, who will provide? \_\_\_\_\_

What will be the language of instruction for the student? \_\_\_\_\_

Who will provide ELD services to student?  General Education Staff  Special Education Teacher

What type of ELD services will be provided?  English Language Mainstream  Structured English Immersion

Comments \_\_\_\_\_

Does student's behavior impede learning of self or others?  No  Yes (describe) \_\_\_\_\_

If yes, specify positive behavior interventions, strategies, and supports \_\_\_\_\_

Behavior Support Plan (BSP) attached  Behavior Intervention Plan (BIP) attached  Behavior Goal is part of this IEP

For student to receive educational benefit, goals will be written to address the following areas of need:

_____	_____
_____	_____
_____	_____
_____	_____