| THE SOUTH FLORIDA JEWISH ACADEMY Personal Education Plan (PEP)   |                      | Matrix (mandatory) | STUDEN       | T NUMBER   | PAGE NUMBER 1     |  |  |
|--|----------------------|--------------------|--------------|------------|-------------------|--|--|
| STUDENT NAME (last, first, middle initial)   |                      | CURRENT DATE       | PEP DUE DATE |            |                   |  |  |
|  |                      | DATE OF BIRTH      | SEX          | GRADE      | REEVALUATION DATE |  |  |
| CURRENT SCHOOL   |                      |                    |              |            |                   |  |  |
|  |                      |                    |              |            |                   |  |  |
|  |                      |                    |              |            |                   |  |  |
| 1. PEP CONFERENCE(S) Conference Type (Check all that applies):   |                      |                    |              |            |                   |  |  |
| ☐ Initial ☐ Annual Review  | ☐ Temporary Assignme | ent                | cation Cons  | sideration | Reevaluation      |  |  |
| ☐ Extended School Year (ESY) ☐ Preschool Transition ☐ Interim Review (date)  |                      |                    |              |            |                   |  |  |
| 2. SIGNATURES: The following individuals were in attendance at the PEP meeting and participated in the development of the PEP. |                      |                    |              |            |                   |  |  |
| Parent/Guardian  | General Educ         | ation Teacher      | Name/1       | Title .    |                   |  |  |
| ESE TEACHER /ESE SERVICE<br>PROVIDER   | Name / Title         |                    | Name /       | Title      |                   |  |  |
| EVALUATION SPECIALIST  | Name / Title         |                    | Name /       | Title      |                   |  |  |
|  |                      |                    |              |            |                   |  |  |
| RECOMMENDED RELATED SERVICES   | LOCATION             | DATES              |              |            | FREQUENCY         |  |  |
| ☐ Occupational Therapy   |                      |                    |              |            |                   |  |  |
| ☐ Speech-Language  |                      |                    |              |            |                   |  |  |
| ☐ Other Therapy  |                      |                    |              |            |                   |  |  |

| THE SOUTH FLORIDA JEWISH ACADEMY Personal Education Plan (PEP)                  | STUDENT NUMBER  | PAGE NUMBER  |
|---|-----------------|--------------|
| STUDENT NAME (last, first, middle initial)                                      | DATE OF BIRTH   | CURRENT DATE |
|   |                 | 1            |
| <b>Domain</b> ☐ Curriculum and Learning Environment ☐ Social/Emotional Behavior | ☐ Communication |              |
| ☐ Self Determination ☐ Independent Functioning ☐ Health Care                    | Subject         |              |
| CURRENT LEVEL OF PERFORMANCE  |                 |              |
| Student is currently able to  |                 |              |
|   |                 |              |
|   |                 |              |
| Annual Goal   |                 |              |
|   |                 |              |
|   |                 |              |
| Objectives  |                 |              |
| 1   |                 |              |
|   |                 |              |
| 2   |                 |              |
|   |                 |              |
| 3   |                 |              |
| 4   |                 |              |
| 4   |                 |              |

| THE SOUTH FLORIDA JEWISH ACADEMY Personal Education Plan (PEP) | STUDENT NUMBER | PAGE NUMBER  |
|--|----------------|--------------|
| STUDENT NAME (last, first, middle initial)                     | DATE OF BIRTH  | CURRENT DATE |

## **STATEWIDE ACHIEVEMENT TESTING**

## **TESTING MODIFICATIONS**

| ☐ Will participate without accommodations   |  |
|---|--|
| $\hfill \square$ Will participate with the following accommodations (accommodation (accommodation): | modations must be used at least three months prior to using in |
| ☐ Audio-taped responses   | ☐ Multiple Test Sessions                                       |
| ☐ Sign Language   | ☐ Separate Testing Setting                                     |
| ☐ Flexible Scheduling   | ☐ Simplification of Directions                                 |
| ☐ Large Print or Braille  | ☐ Small Group / Individual Administration                      |
| ☐ Word Processor  | ☐ Use of Scribe  |
| ☐ Write Answers in Test Booklet   | ☐ Other  |
| ☐ Calculator Allowed  |  |
| ☐ Repeat, Summarize, clarify directions   |  |
| ☐ Read Aloud test questions / answers / passages  |  |