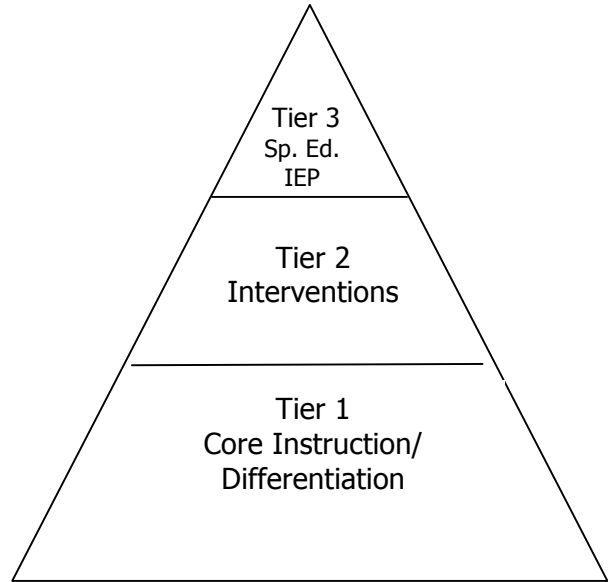


CLASSROOM PROFILE



Student Name: _____

Student ID: _____

School: _____

Teacher: _____

Date: _____

- _____ **Number of students in classroom already identified and receiving Special Education services for anything except Articulation, Voice or Fluency**
- _____ **Total number of students in classroom excluding the students already receiving Special Education services**
~~~~~
- \_\_\_\_\_ **Number of students requiring and receiving Tier IB interventions**
- \_\_\_\_\_ **Number of students requiring and receiving Tier II Intervention (additional 30 minutes beyond the core instruction)**
- \_\_\_\_\_ **Number of students receiving ELL services**
- \_\_\_\_\_ **Number of students receiving 504 accommodations**