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| **Name of Student** | **WISER ID** | **Grade** | **Date of IEP Meeting** |
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| **SUPPLEMENTARY AIDS AND SERVICES**  Accommodations, aids, services, assistive technology and other supports that are provided to avoid removing the student from regular education classes, other education-related settings and extracurricular and non-academic settings (may include routine checking of hearing aids and external components of surgically implanted devices). | | |
| **Supplementary Aids & Services  N/A** | **Start Date** | **Explanation of Frequency, Duration, and Location** |
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| **PROGRAM MODIFICATIONS AND SUPPORTS FOR SCHOOL PERSONNEL**  Modifications to be provided to enable the student to advance appropriately towards attaining the annual goals, be involved and make progress in the general education curriculum, and participate in extracurricular and nonacademic activities. | | |
| **Program Modifications  N/A** | **Start Date** | **Explanation of Frequency, Duration, and Location** |
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| **Supports for School Personnel  N/A** | **Start Date** | **Explanation of Frequency, Duration, and Location** |
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