**Educational Benefit**

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| --- | --- | --- | --- | --- | --- | --- |
| **Student Name:** | | |  | | | |
| **Year:** |  | | | **Grade:** |  | |
| **Date of IEP:** | |  | | **Date of Review:** | |  |

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| **Needs (PLAAFP)** | **Transition Activities** | **G & O** | **Programs/Services**  **Accommodations** | **Progress Reports and Report Cards** |
| Disability Specific Needs |  |  |  |  |
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| Curriculum |  |  |  |  |
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| Transition:  Preferences & Interests |  |  |  |  |

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