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Spring 2025 Executive Functioning Teaming (EFT) Application Date completed:

Student's Name	Parent/Guardian Name	Address	Phone	Email		
Student's DOB	Student's Grade	Current School/School District	Does the student have an active Section 504 plan or IEP?	Diagnoses or Educational Eligibilities		
			Section 304 plan of TE1:	Engionities		
Student Interests	Student Strengths	Student Challenges	Student Allergies or Health	Emanganay Cantaats		
(Hobbies, sports, favorite use of	(Current skills that work well	(Skill areas that you'd like to	Needs	Emergency Contacts		
time; favorite subjects)	for a student)	see growth in)	1,000			
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Feel free to add any details here that would be helpful for any teacher who works with your child						

EFT SURVEY

EF Area	Homework	Long Term Assignments	Test Preparation
	(If an area of need, include details and or examples)	(If an area of need, include details and or examples)	(If an area of need, include details and or examples)
Goal Directed Persistence (Having other things you'd rather do; Finishing the project by the deadline, rushing through an assignment or test to "be done")			
Sustained Attention (Managing distraction and sticking with it long enough to get homework done adequately; Checking your work before completion)			
Task Initiation (Getting started on the test/project/homework)			
Time Management (Accurately estimating how long it will take to finish something)			
Planning and Prioritization (Developing and/or following a timeline)			
Metacognition (Knowing how I learn best; Self-monitoring; Knowing what and how to study)			
Working Memory (Remembering steps, directions, and pacing)			

Please save info and email to info@iepguardians.org