

TEACHER INPUT FOR SECTION 504 EVALUATION

Teacher's Name _____ Subject Matter _____ & Period ____ Date _____

Student Name _____ Grade ____ Please return to _____ by _____

INSTRUCTIONAL RATING: Rate the student's performance in the following areas compared to other students of the same age/grade: Circle one: 1 = poor 2 = below average 3 = average 4 = above average 5 = superior N = not observed

- 1. Listening comprehension 1 2 3 4 5 N
2. Basic reading skills/decoding 1 2 3 4 5 N
3. Reading comprehension 1 2 3 4 5 N
4. Vocabulary skills 1 2 3 4 5 N
5. Math calculation skills 1 2 3 4 5 N
6. Math problem solving skills 1 2 3 4 5 N
7. Handwriting 1 2 3 4 5 N
8. Spelling 1 2 3 4 5 N
9. Written expression skills 1 2 3 4 5 N
10. Classroom work 1 2 3 4 5 N
11. Homework 1 2 3 4 5 N
12. Tests 1 2 3 4 5 N
13. Following oral directions 1 2 3 4 5 N
14. Following written direction 1 2 3 4 5 N
15. Organizational skills 1 2 3 4 5 N
16. Classroom discussions 1 2 3 4 5 N
17. Complete tasks in timely manner 1 2 3 4 5 N

BEHAVIOR RATING: Rate the student's performance in the following areas compared to other students of the same age/grade: Circle one: 1 = poor 2 = below average 3 = average 4 = above average 5 = superior N = not observed

- 1. Appropriate attention and concentration. 1 2 3 4 5 N
2. Stays on task, is easily redirected. 1 2 3 4 5 N
3. Remains seated. 1 2 3 4 5 N
4. Takes turns, waits for turn. 1 2 3 4 5 N
5. Brings necessary materials to class. 1 2 3 4 5 N
6. Completing homework 1 2 3 4 5 N
7. Compliance with teacher requests. 1 2 3 4 5 N
8. Adapts to new situations without getting upset. 1 2 3 4 5 N
9. Accepts responsibility for own actions. 1 2 3 4 5 N
10. Makes and keeps friends at school. 1 2 3 4 5 N
11. Works cooperatively with others. 1 2 3 4 5 N
12. Has an even, usually happy disposition. 1 2 3 4 5 N

Does the student attend tutorials/tutoring, if so, how often? _____

PLEASE CONTINUE TO THE OTHER SIDE

Do you have any other concerns not addressed above, if so what are they?

Please answer the following questions based on the student's current service/ accommodation plan and the student's use of the accommodation in your class.

Accommodation Data

Please provide data of accommodations provided and the results:

	How often?	Results
	<input type="checkbox"/> Never <input type="checkbox"/> Sporadically <input type="checkbox"/> Frequently <input type="checkbox"/> Always	<input type="checkbox"/> Positive <input type="checkbox"/> No change <input type="checkbox"/> Negative
	<input type="checkbox"/> Never <input type="checkbox"/> Sporadically <input type="checkbox"/> Frequently <input type="checkbox"/> Always	<input type="checkbox"/> Positive <input type="checkbox"/> No change <input type="checkbox"/> Negative
	<input type="checkbox"/> Never <input type="checkbox"/> Sporadically <input type="checkbox"/> Frequently <input type="checkbox"/> Always	<input type="checkbox"/> Positive <input type="checkbox"/> No change <input type="checkbox"/> Negative
	<input type="checkbox"/> Never <input type="checkbox"/> Sporadically <input type="checkbox"/> Frequently <input type="checkbox"/> Always	<input type="checkbox"/> Positive <input type="checkbox"/> No change <input type="checkbox"/> Negative
	<input type="checkbox"/> Never <input type="checkbox"/> Sporadically <input type="checkbox"/> Frequently <input type="checkbox"/> Always	<input type="checkbox"/> Positive <input type="checkbox"/> No change <input type="checkbox"/> Negative

Are there any accommodations the student is using *routinely and effectively* and should be **added** to the student's accommodation plan? _____

Are there any accommodations the student is not using *routinely and effectively* and should be **removed** from the student's accommodation plan? _____
