

Teacher Input for Section 504 Evaluation

The student named below is being evaluated (reevaluated) for eligibility under Section 504. The information you provide will be used as a part of this process and will be shared with the parent.

Student Name:	
Teacher Name:	
Grade:	
Date:	

Please state the suspected physical or mental impairment and the impact that you observe it have on the student's educational access or progress

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Please describe what you have done differently in your classroom to meet this student's educational/behavioral needs? What were the results of those efforts? Please be as detailed as possible.

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Instructional Rating:

Rate the concerns you have about this student. For each skill mark: 1= poor, 2=below average, 3= average, 4= above average, 5= superior, N= not observed

	1	2	3	4	5	Comments:
Reading Skills						
Math Skills						
Written Expression						
Spelling						
Classroom Work						
Homework						

Behavior Rating:

Rate the concerns you have about this student. For each skill mark: 1= poor, 2= below average, 3= average, 4= above average, 5= superior, N= not observed

	1	2	3	4	5	Comments:
Generally cooperates or complies with teacher requests						
Adapts to new situations without getting upset						
Accepts responsibility for own actions						
Makes and keeps friends						
Works cooperatively with others						
Has an even, usually happy, disposition						
Appropriate attention and concentration						
Compliance with teacher directives						

Displays preparedness for class						
Fidgets, squirms, or seems restless						
Stays on task and is easily redirected						
Remains seated						
Takes turns, wait for turns						

What is the students' current performance in each academic subject area (grades, academic screening and progress monitoring data, etc.)?

What strengths does this student display in your classroom?

What concerns or struggles does this student display in your classroom?

Do you have any additional comments or information?

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