

Student Name Date of Birth Grade ID#

School Staff completing form Subject

This student is being evaluated for a 504 Plan for a suspected disability. Your input is valuable. Please complete this form and return to: Building 504 Coordinator no later than

Mark student's academic performance in COMPARISON TO TYPICAL PEER.

Behavior	Almost Always	Frequently	Sometimes	Rarely	N/A
Contributes to discussion					
Follows directions without prompting					
Keeps pace with lecture/project					
Focuses on instructions and classroom activities					
Brings required supplies					
Turns in class/home work					
Work is legible					
Prepared for tests					
Completes in-class assignments within acceptable time frame					
Overall productivity					

List student strengths:

Overall Academic Functioning Performance

(Check one)

- Excellent
 Satisfactory
 Unsatisfactory
 Failing

Describe any accommodations you have used for this student related to time allotments, in-class assignments, homework, tests, presentation, organization, etc. Rate the level of effectiveness on a scale of 1 (no effect) to 10 (highly affective).

Rate student's social/behavioral performance in COMPARISON TO TYPICAL PEERS.

Behavior	Almost Always	Frequently	Sometimes	Rarely	N/A
Appropriately on task					
Consistently follows expectations					
Appropriately engages with peers					
Demonstrates self-control					
Is kind and helpful					
Appropriately engages with class activities					
Appropriately self-regulates					
Maintains appropriate boundaries with adults					
Displays appropriate social behaviors					

Overall Social/Behavioral Functioning Performance

(Check one)

Excellent

Satisfactory

Unsatisfactory

Failing

Describe interventions and/or strategies you have used to address behavior. Rate the level of effectiveness on a scale of 1 (no effect) to 10 (highly effective).

Additional Information: