

SECTION 504 TEACHER INPUT

Return to: _____ By: _____

Student: _____ DOB: _____ Sex: _____

Classroom Performance: 1= No Problem; 2= Mild Problem; 3= Severe Problem

Turns in assignments on time	_____	Peer relationships	_____
Assignments complete and reflect good effort	_____	Adult relationships	_____
Test/quiz performance	_____	Makes good use of time	_____
Follows directions	_____	School/attitude/motivation	_____
Attentive in class	_____	Self-concept	_____
Classroom behavior	_____	Classroom absences	_____

Current grade(s) the student is earning: _____

Is this student in an ability-grouped class? _____ Yes _____ No

If yes, please describe:

List accommodations you have made for this student:

Describe any academic concerns in your class with this student:

SUMMARY: Please give your overall impression of this student's performance and make specific comments which would further clarify academic or behavior concerns.

Report submitted by: _____ Date _____