



To complete this form electronically,
it must be opened in *Adobe Reader!*

Section 504 Staff Input

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: