

504 Eligibility Data – Classroom Teacher Feedback

The student named below has been referred for a possible 504 Plan based on the specified impairment. Please provide the requested information based on your knowledge of the student's performance in your classroom. Please bring this documentation with you to the Section 504 eligibility meeting scheduled for _____.

Student _____ **Impairment** _____

Academic Characteristics: Indicate by placing an "X" in front of the areas in which the student has difficulty:

- | | |
|--|--|
| <input type="checkbox"/> Oral reading | <input type="checkbox"/> Spelling |
| <input type="checkbox"/> Reading Comprehension | <input type="checkbox"/> Math calculations |
| <input type="checkbox"/> Basic reading skills | <input type="checkbox"/> Math reasoning |
| <input type="checkbox"/> Written expression | <input type="checkbox"/> Legible writing |
| <input type="checkbox"/> Other: _____ | |

Modifications or Adjustments: Indicate by placing an "X" in front of the modifications or adjustments that have been made for this student:

- | | |
|---|---|
| <input type="checkbox"/> Modified instructional methods | <input type="checkbox"/> Modified instructional pacing |
| <input type="checkbox"/> Modified instructional materials | <input type="checkbox"/> Behavioral planning or contracting |
| <input type="checkbox"/> Parent conferences | <input type="checkbox"/> Environmental modifications |
| Other: _____ | |

Teacher Observation: Based on your knowledge and observations of this student, please rate 1-5 his/her performance in the following areas: (1 = satisfactory, 5 = unsatisfactory). Please use the back of the page to explain your ratings if necessary.

- | | |
|--------------------------------|-------------------------------|
| 1 Classroom work | 1 Homework completion |
| 1 Tests/quizzes | 1 Following verbal directions |
| 1 Following written directions | 1 Attention span |
| 1 Organizational skills | 1 Peer relations |

Other: _____

Place an "X" on the scale below to indicate the extent to which you think the specified impairment limits this student's ability to learn:

| | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Negligibly | Mildly | Moderately | Substantially | Extremely |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Person(s) completing this form: _____ Date: _____