

Section 504 Teacher Input Form

Teacher Name: _____ Due Date: _____

Student Name: _____ Date of Birth: _____ Grade: _____

This student is being evaluated (re-evaluated) for eligibility for section 504. The information you provide will be used as part of this process and will be shared with the parent.

Observations	Unsatisfactory			Excellent	
	1	2	3	4	5
Classroom Work	1	2	3	4	5
Homework	1	2	3	4	5
Tests	1	2	3	4	5
Reading Performance	1	2	3	4	5
Math Performance	1	2	3	4	5
Written Expression	1	2	3	4	5
Spelling	1	2	3	4	5
Following Oral Directions	1	2	3	4	5
Following Written Directions	1	2	3	4	5
Attendance	1	2	3	4	5
Attention Span	1	2	3	4	5
Organizational Skills	1	2	3	4	5
Other:	1	2	3	4	5

1. What is the student's current grade(s) in your class?

2. Please check all the factors that may account for the student's current grade and write in numbers where applicable.
 - Missing assignments
 - Late Assignments
 - Incomplete or illegible assignments
 - Failure to participate in class
 - Other (please describe)

3. What strengths does this student display in your classroom?

4. What challenges does this student present in your classroom?

5. Have you made any informal modifications for this student such as extending timelines, preferential seating or adjusting expectations? (If yes, please list below and tell whether or not it was effective.)

6. Do you have any specific concerns about this student's behavior?

7. Any additional information or comments? (Please use additional pages as necessary.)

Please return to Julie Markwardt, 504 Coordinator