



LONGVIEW INDEPENDENT SCHOOL DISTRICT

Section 504 Teacher Input
Form 7, page 1 of 1

Teacher Input for Section 504 Evaluation

| | | |
|----------------------|-----------------|--------|
| Student Name: | Student ID #: | Grade: |
| Teacher's Name: | Subject Matter: | Date: |

| Instructional Rating | | | | | | | | | | | | | | |
|--|---|---|---|---|---|---|----------------------------|---|---|---|---|---|---|--|
| Rate the concerns you have about this student. For each skill, mark: 1= Poor 2=Below Average 3=Average 4=Above Average 5=Superior N=Not observed | | | | | | | | | | | | | | |
| | 1 | 2 | 3 | 4 | 5 | N | | 1 | 2 | 3 | 4 | 5 | N | |
| Reading Skills | | | | | | | Tests | | | | | | | |
| Math Skills | | | | | | | Follows oral directions | | | | | | | |
| Written Expression | | | | | | | Follows written directions | | | | | | | |
| Spelling | | | | | | | Organizational skills | | | | | | | |
| Classroom work | | | | | | | Interaction with staff | | | | | | | |
| Homework | | | | | | | | | | | | | | |

| Behavioral Rating | | | | | | | |
|--|---|---|---|---|---|---|--|
| Rate this student's behavior in relation to other students of the same AGE. For each behavior, mark: 1= Poor 2=Below Average 3=Average 4=Above Average 5=Superior N=Not observed | | | | | | | |
| | 1 | 2 | 3 | 4 | 5 | N | |
| Generally cooperates or complies with teacher requests. | | | | | | | |
| Adapts to new situations without getting upset. | | | | | | | |
| Accepts responsibility for own actions. | | | | | | | |
| Makes and keeps friends at school. | | | | | | | |
| Works cooperatively with others. | | | | | | | |
| Has an even, usually happy, disposition. | | | | | | | |
| Appropriate attention and concentration | | | | | | | |
| Compliance with teacher directives | | | | | | | |
| Brings necessary materials to class | | | | | | | |
| Fidgets, squirms or seems restless | | | | | | | |
| Completes tasks on time | | | | | | | |
| Stays on task, is easily redirected | | | | | | | |
| Remains seated | | | | | | | |
| Takes turns, waits for turn | | | | | | | |

| |
|---|
| What have you done differently in your classroom to meet this student's educational/behavioral student's needs? |
| What were the results of these efforts? |