

SAN MATEO UNION HIGH SCHOOL DISTRICT
SECTION 504 - TEACHER FEEDBACK REPORT

Form 504.3C
1 of 2

Student General Information							
Student Name		DOB		Grade		Date	
Teacher		Period/Subject		Current Grade/%			

Student's CURRENT Academic Progress: Please comment on the student's progress in your class in regards to the following areas:

<p>Academic Ability:</p> <input type="checkbox"/> Exceeds Standards <input type="checkbox"/> Meets Grade Level Standards <input type="checkbox"/> Deficient Toward Standards	<p>Effort & Preparation:</p> <input type="checkbox"/> Regular <input type="checkbox"/> Sporadic <input type="checkbox"/> Poor	<p>Classroom Behavior:</p> <input type="checkbox"/> Excellent <input type="checkbox"/> Acceptable <input type="checkbox"/> Minor Infractions <input type="checkbox"/> Serious Distractions
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Areas of Strength:

<input type="checkbox"/> Provides best effort <input type="checkbox"/> Self-advocate <input type="checkbox"/> Ability to stay on task <input type="checkbox"/> Consistent effort/hard worker <input type="checkbox"/> Self-starter	<input type="checkbox"/> Participates in class/ works well with others <input type="checkbox"/> High self-esteem <input type="checkbox"/> Good tempered <input type="checkbox"/> Communicates well with teacher/ asks questions	<input type="checkbox"/> Complies with classroom expectations <input type="checkbox"/> Strong organizational skills <input type="checkbox"/> Submits assignments on time <input type="checkbox"/> Other: _____
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Please explain areas of strength which supports the student's ability to learn:

Areas of Concern:

<input type="checkbox"/> Attendance <input type="checkbox"/> Sustaining attention to task <input type="checkbox"/> Sustaining effort <input type="checkbox"/> Getting started <input type="checkbox"/> Impulsivity <input type="checkbox"/> Hyperactivity <input type="checkbox"/> Missing Work	<input type="checkbox"/> Homework Completion <input type="checkbox"/> Low Test Scores <input type="checkbox"/> Completing work/ Tests in allotted time <input type="checkbox"/> Anxious <input type="checkbox"/> Social Skills <input type="checkbox"/> Sensitive to criticism <input type="checkbox"/> Irritable, moody	<input type="checkbox"/> Low Self-Esteem <input type="checkbox"/> Oppositional <input type="checkbox"/> Following Directions/ Understanding Directions <input type="checkbox"/> Organization & planning <input type="checkbox"/> Study skills <input type="checkbox"/> Memory <input type="checkbox"/> Academic Skills <input type="checkbox"/> Other: _____
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Please explain areas of concern and how it hinders the student's ability to learn:

Accommodations Attempted in the Classroom: For each of the following topics, please check off any of the accommodations you have tried in this section below, along with the result of the trial and brief notes (if any).

Classroom Environment & Seating

<input type="checkbox"/> Classroom has predictable daily routines.	<input type="checkbox"/> Seated near teacher.
<input type="checkbox"/> Consistent and clear limits are set for classroom behavior.	<input type="checkbox"/> Seated near a 'study buddy'.
<input type="checkbox"/> Seated in front of classroom.	<input type="checkbox"/> Seated away from distracting stimuli.

Assignment & Homework

<input type="checkbox"/> Extra time to complete assigned work.	<input type="checkbox"/> Break long assignments into small parts (chunking).
<input type="checkbox"/> Simplify complex directions.	<input type="checkbox"/> Pair written instructions with oral instructions.

Testing & Grading

<input type="checkbox"/> Provide written outline of main points prior to the test.	<input type="checkbox"/> Allow student to test in alternate or quiet location.
<input type="checkbox"/> Allow extra time to complete test.	

Attention

<input type="checkbox"/> Provide short break between assignments.	<input type="checkbox"/> Allow student to stand at times during seatwork.
<input type="checkbox"/> Teacher stands near student desk when giving directions or presenting lessons.	<input type="checkbox"/> Require active responses in instruction (talking, moving, organizing, etc.).

Social & Emotional

<input type="checkbox"/> Make time to talk alone with the student.	<input type="checkbox"/> Allow student to step outside to refocus/calm self.
<input type="checkbox"/> Encourage social interactions with classmates if withdrawn.	<input type="checkbox"/> Allow student to seek help from counselor, Wellness Counselor, or Health Aide

What additional information can you provide pertaining to the student's performance and the accommodations needed?

Your assistance is greatly appreciated.

PLEASE RETURN THIS FORM TO _____ BY (DATE) _____