

NOVATO UNIFIED SCHOOL DISTRICT
SECTION 504 SERVICE PLAN TEACHER FEEDBACK FORM
 (To be completed as part of referral and/or evaluation for a Section 504 Service Plan)

Student: _____ Teacher: _____
 Grade: _____ Class: _____ Requested By: _____
 Date: _____ Please Return by: _____

This student is being reviewed for possible intervention. Please respond to each item, indicating your observations of this student and his/her school functioning. The information will be utilized in support planning for this student.

Your feedback may be shared directly with students and parents.

<u>Classroom Behavior</u>	Low	Avg	High
Follows directions			
Brings materials to class			
Behavior and comments			
Participates in class discussions			
Stays on task during class			
Peer/adult relationships			
Overall effort and attitude			

<u>Academic Skills</u>	Low	Avg	High
Reading: decoding & oral			
Reading: comprehension			
Reading: fluency & speed			
Writing: grammar & mechanics			
Writing: content & quality			
Math: operations & calculations			
Math: reasoning & word problems			

<u>Cognitive/Processing/Memory Skills</u>	Low	Avg	High
Auditory processing/listening			
Visual processing abilities			
Abstract thinking & reasoning			
Memory			
Attention & concentration			
Speaking/expression of ideas			

<u>Classroom Performance/Student Skills</u>	Low	Avg	High
Note-taking skills			
Completes tests in allotted time			
Test and Quiz grades			
Long-term assignment completion			
Overall quality of work			
Homework completion			

Have you observed this student to...? (Please check those which seem significant)	
<input type="checkbox"/>	have difficulty with relationships
<input type="checkbox"/>	present as exhausted, fatigued, low energy
<input type="checkbox"/>	seem easily angered or aggressive
<input type="checkbox"/>	be overly negative, pessimistic, or irritable
<input type="checkbox"/>	engage in self-injurious behavior or scars
<input type="checkbox"/>	make self-deprecating comments; self-esteem
<input type="checkbox"/>	seem disheveled, unkempt, or poor hygiene
<input type="checkbox"/>	be under the influence of drugs or alcohol
<input type="checkbox"/>	be sad, tearful, or having crying spells
<input type="checkbox"/>	have flat affect or fluctuating mood
<input type="checkbox"/>	seem overly anxious
<input type="checkbox"/>	have many health or somatic complaints
<input type="checkbox"/>	make suicidal comments or writings
<input type="checkbox"/>	to have suffered weight loss or weight gain

Current Grade: _____

What do you think are his/her strengths?
What do you think are his/her challenges?
What interventions or strategies have you tried, for how long, and with what success?
Ideas/Suggestions as to what might help this student succeed: