



Section 504 Progress and Accommodation Review Worksheet

Office of Special Education and Student Services
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

MCPS Form 270-2C
December 2011

Student name _____ School _____ Grade _____

Teacher's name _____ Subject _____ Date ____/____/____

DIRECTIONS:

Complete and attach MCPS Form 272-9, Teacher Referral.

Please respond to the following questions and return to the student's case manager _____ by ____/____/____
Name Date

Please list each accommodation on the lines provided. Use the scale below to indicate frequency of use and effectiveness of each accommodation.

	NEVER	RARELY	SOMETIMES	OFTEN	ALWAYS
Frequency of Use	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
	INEFFECTIVE	NOT VERY	SOMEWHAT	EFFECTIVE	HIGHLY
Effectiveness*	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

*Provide evidence to show effectiveness (e.g., data charts, narrative notes, etc.)

ACCOMMODATION	ENTER RATING: 1 2 3 4 5
1. _____ _____	Frequency of Use _____ Effectiveness _____
2. _____ _____	Frequency of Use _____ Effectiveness _____
3. _____ _____	Frequency of Use _____ Effectiveness _____
4. _____ _____	Frequency of Use _____ Effectiveness _____
5. _____ _____	Frequency of Use _____ Effectiveness _____
6. _____ _____	Frequency of Use _____ Effectiveness _____

Using the information from the scale above, please respond:

Is the student using the accommodations listed on the current 504 plan? If not, what are the particular accommodations that are no longer used? Why?

Have you provided additional accommodations specific to this student which are not listed on the plan? If yes, what accommodations did you provide? What was the outcome?

What concerns, if any, continue to exist?