

Island City Academy
Teacher/Administrator Section 504 Observation/Evaluation

Student Name: _____ Date: _____ Grade: _____

Teacher/Administrator's Name: _____

Instructional Rating: Rate the instructional concerns you have about the student.

Circle one: 1 = poor 2 = below average 3 = average 4 = above average 5=superior N = not observed

1. Reading skills:	1	2	3	4	5	N
2. Math skills:	1	2	3	4	5	N
3. Written expression:	1	2	3	4	5	N
4. Spelling:	1	2	3	4	5	N
5. Classroom work:	1	2	3	4	5	N
6. Homework:	1	2	3	4	5	N
7. Tests:	1	2	3	4	5	N
8. Following oral directions:	1	2	3	4	5	N
9. Following written directions:	1	2	3	4	5	N
10. Organizational skills:	1	2	3	4	5	N
11. _____	1	2	3	4	5	N
12. _____	1	2	3	4	5	N

Behavioral Rating: Check behavioral concerns that you have about this student.

<input type="checkbox"/> Poor attention and concentration	<input type="checkbox"/> Interrupts or intrudes on others
<input type="checkbox"/> Often loses things necessary for tasks	<input type="checkbox"/> Extreme mood swings
<input type="checkbox"/> Noncompliance with teacher directives	<input type="checkbox"/> Difficulty working with peers
<input type="checkbox"/> Excessively high/low activity level	<input type="checkbox"/> Difficulty remaining in seat
<input type="checkbox"/> Difficulty following directions	<input type="checkbox"/> Easily distracted
<input type="checkbox"/> Fidgets, squirms, or seems restless	<input type="checkbox"/> None
<input type="checkbox"/> Shifts from one uncompleted task to another	<input type="checkbox"/> Other _____

Continue to next page . . .

Adaptive Behavior: Rate as above, when compared with other students of the same age.

1. Generally cooperates or complies with teacher requests:	1	2	3	4	5	N
2. Adapts to new situations without getting upset	1	2	3	4	5	N
3. Accepts responsibility for own actions	1	2	3	4	5	N
4. Makes and keeps friends at school	1	2	3	4	5	N
5. Works cooperatively at school	1	2	3	4	5	N
6. Has an even, happy disposition	1	2	3	4	5	N

Check educational accommodations/alternative strategies used with this student:

<input type="checkbox"/> Oral testing	<input type="checkbox"/> Parent communication
<input type="checkbox"/> Reduced homework	<input type="checkbox"/> Signed agenda/behavior sheet
<input type="checkbox"/> Assigned seating	<input type="checkbox"/> Other _____
<input type="checkbox"/> re-teaching/tutoring after school	

Results of accommodation/strategies:

<input type="checkbox"/> Improved performance	<input type="checkbox"/> Slight improvement	<input type="checkbox"/> No improvement
-----------------------------------------------	---------------------------------------------	-----------------------------------------

Attach the following documents: any documentation that parents have provided to you to support concern, classroom work samples, data supporting current accommodations.

Additional Comments:

Suspended, expelled, or placed in alternative education setting within the last 12 months
****If yes, provide written explanation and copies of discipline referrals.**

Yes

No

Student previously had IEP
 Student has current/active 504 plan

Observation Summary: (Indicate how the student is performing in the area of concern relative to other students of the same age.)
