

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

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

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> 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.)

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