

St. Lucie Public Schools
Department of Student Services

Section 504 Teacher Input

Student Name	56#	School
Teacher Name & Subject Taught		

Please return this form to _____ by ____/____/____.

The above identified student is currently in the evaluation or re-evaluation process for Section 504 eligibility. The information you provide will be shared with the Section 504 team and considered as part of the decision-making process. Your time and assistance are appreciated.

What strengths does this student display in your classroom?
What challenges does this student experience in your classroom?
What is the student's current grade in your class (MS/HS) or in each subject (Elem)? Please check off all factors that may account for the student's current grade: <input type="checkbox"/> Lack of skills/background knowledge <input type="checkbox"/> Failure to participate in class <input type="checkbox"/> Missing assignments <input type="checkbox"/> Absenteeism or late to class/leaves early <input type="checkbox"/> Late assignments <input type="checkbox"/> Behavior (please elaborate) _____ <input type="checkbox"/> Incomplete assignments <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____
Based on your knowledge and observations of this student, please rate his/her performance in the following areas. If necessary, please use an additional page to explain. (1= satisfactory and 5 = unsatisfactory) <input type="checkbox"/> Classroom work/assignments <input type="checkbox"/> Following verbal directions <input type="checkbox"/> Tests/quizzes <input type="checkbox"/> Organizational skills <input type="checkbox"/> Attention span <input type="checkbox"/> Homework completion <input type="checkbox"/> Peer relations <input type="checkbox"/> Other: _____ <input type="checkbox"/> Following written directions <input type="checkbox"/> Other: _____
Have you received any parent communication/input?

Please list all the accommodations or adjustments that you currently provide this student. (FOR STUDENTS IN THE INITIAL EVALUATION PHASE ONLY; NOT STUDENTS WITH CURRENT SECTION 504 PLANS)

Please provide any additional information or comments that you believe could be beneficial for the Section 504 team to be aware of.

Teacher Signature

Date of Completion