

504 Re-Evaluation

Student Name:		Grade:	
Teacher Name:		Date:	
Please Check Area(s) of Concern:			
<p style="text-align: center;"><u>Language Arts</u></p> <input type="checkbox"/> Phonemic Awareness <input type="checkbox"/> Word Identification <input type="checkbox"/> Reading Comprehension <input type="checkbox"/> Reading Fluency <input type="checkbox"/> Written Expression <input type="checkbox"/> Writing Mechanics <input type="checkbox"/> Poor Test Grades <input type="checkbox"/> Low Report Card Grades <input type="checkbox"/> Other: _____	<p style="text-align: center;"><u>Mathematics</u></p> <input type="checkbox"/> Basic Math Facts <input type="checkbox"/> Computation <input type="checkbox"/> Problem-Solving <input type="checkbox"/> Geometry <input type="checkbox"/> Measurement <input type="checkbox"/> Probability/Data <input type="checkbox"/> Analysis <input type="checkbox"/> Poor Test Grades <input type="checkbox"/> Low Report Card Grades <input type="checkbox"/> Other: _____	<p style="text-align: center;"><u>Behavior</u></p> <input type="checkbox"/> Noncompliance <input type="checkbox"/> Motivation <input type="checkbox"/> Attention Span <input type="checkbox"/> Peer Relationships <input type="checkbox"/> Withdrawn/Moody <input type="checkbox"/> Overactive <input type="checkbox"/> Verbally Aggressive <input type="checkbox"/> Physically Aggressive <input type="checkbox"/> Homework Inconsistent <input type="checkbox"/> Doesn't Finish Assignments <input type="checkbox"/> Doesn't Work Independently	<p style="text-align: center;"><u>Other</u></p> <input type="checkbox"/> Motor Skills <input type="checkbox"/> Speech/Language <input type="checkbox"/> Social Skills <input type="checkbox"/> Withdrawn/Moody <input type="checkbox"/> Anxiety <input type="checkbox"/> Vision <input type="checkbox"/> Hearing <input type="checkbox"/> Attendance Issues <input type="checkbox"/> Medical (area: _____)
<u>Current Levels:</u>	<u>English Language Arts:</u>	<u>Math:</u>	<u>Other:</u>
<u>Last Years EOG/EOC:</u>	<u>English Language Arts:</u>	<u>Math:</u>	<u>Other:</u>
Does the student require daily classroom accommodations in order to be successful? ___yes ___no (If yes, which of the following?) <input type="checkbox"/> Materials Read Aloud <input type="checkbox"/> Extended Time on Class Assignments <input type="checkbox"/> Separate Area to Complete Work <input type="checkbox"/> Shortened Work Segments			
Additional Comments/Information/Teacher Observations:			

