# Student Performance Review Form

Page 1 of 2

Student name:       DOB:

School:       Grade:       ID#:

Teacher completing form:       Subject

This student is being evaluated for a 504 Plan for a suspected disability. Your input as a parent is valuable. Please complete this form and return to       (Building 504 Coordinator) no later than       (date).

Mark student's academic performance in **COMPARISON TO TYPICAL PEER.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Behavior | Almost Always | Frequently | Sometimes | Rarely | N/A |
| Contributes to discussion | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Follows directions without prompting | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Keeps pace with lecture/project | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Focuses on instructions and classroom activities | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Brings required supplies | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Turns in class/home work | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Work is legible | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Prepared for tests | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Completes in-class assignments within acceptable time frame | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Overall productivity | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

**Overall Academic Functioning Performance**

(Check One)

[ ]  Excellent [ ]  Satisfactory [ ] Unsatisfactory [ ] Failing

Describe any accommodations you have used for this student related to time allotments, in-class assignments, homework, tests, presentation, organization, etc. Rate the level of effectiveness on a scale of 1 (no effect) to 10 (highly effective).

Page 2 of 2

Rate student's social / behavioral performance in **COMPARISON TO TYPICAL PEERS.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Behavior | Almost Always | Frequently | Sometimes | Rarely | N/A |
| Is disruptive | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Repeatedly breaks school rules | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Rejected/ignored by peers | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Exhibits impulsive behaviors | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Receives poor citizenship grades | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Often drowsy or inattentive in class | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Impulsive or aggressive | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Socially inappropriate with teachers and adults | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Socially inappropriate behavior in class | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

**Overall Social/Behavioral Functioning Performance**

(Check One)

[ ]  Excellent [ ]  Satisfactory [ ]  Unsatisfactory [ ]  Failing

Describe interventions and/or strategies you have used to address behavior. Rate the level of effectiveness on a scale of 1 (no effect) to 10 (highly effective).

Additional Information: