# Student Performance Review Form

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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).

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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: