**Enter LEA Name Here**

**Evaluation Data: Staff Input**

*(Information about the student, to be considered when determining Section 504 eligibility, and 504 services to provide, if any)*

|  |  | **Date:** | Enter date |
| --- | --- | --- | --- |
| **Student:** | Enter name |  |  |
| **School:** | Enter name of school | **SSID:** | Enter state student ID number |
| **Grade:** | Enter grade | **DOB:** | Enter date of birth |

| **Staff Name:** | Enter name | **Title:** | Enter title |
| --- | --- | --- | --- |
| **Phone:** | Enter phone number | **Email:** | Enter email address |
|  |  |  |  |

| **Relationship to Student:** | Enter text |
| --- | --- |

The district requests that you provide the following information, as applicable, as part of the above student’s 504 evaluation. If you have additional information you would like to provide the 504 team for consideration, please feel free to attach that as well.

**Academics:**

Using the dropdown menus below, rate the concerns you have about this student. For each skill, mark:   
**1** =Significantly below average **2**=Below Average **3**=Average **4**=Above Average **5**=Significantly above average **N**=Not observed

| **Academics** | | | |
| --- | --- | --- | --- |
| Drop down | Reading Skills | Drop down | Classroom work |
| Drop down | Math Skills | Drop down | Test taking skills |
| Drop down | Ability to follow oral directions | Drop down | Interaction with staff |
| Drop down | Ability to follow written directions | Drop down | Ability to work in groups |
| Drop down | Written Expression | Drop down | Ability to work independently |
| Drop down | Organizational skills | Drop down | Homework |
| Drop down | Spelling | Drop down |  |

Additional notes, if any:

| Enter text |
| --- |

**Behavior:**

1. Do you think the student is having difficulties at school (academic, behavior, social, health, other)? If yes, describe the difficulties and when you first noticed them:

| Enter text |
| --- |

1. What do you think is causing the student’s difficulties at school?

| Enter text |
| --- |

1. Has the student talked to you about difficulties or problems at school? If yes, describe:

| Enter text |
| --- |

1. Describe the student’s strengths:

| Enter text |
| --- |

1. Describe what you think motivates the student:

| Enter text |
| --- |

1. Describe the type(s) and amount(s) of assistance the student needs at school as compared to other students of the same age/grade:

| Enter text |
| --- |

1. Describe the student’s friendships at school:

| Enter text |
| --- |

1. What rewards/consequences are effective with the student?

| Enter text |
| --- |

1. If applicable, describe rewards/consequences that are *not* effective with the student:

| Enter text |
| --- |

1. Describe the student’s ability to participate *and* benefit from their education as compared to other students of the same age/grade. Think about the school day, but also other district programs and activities (e.g., fieldtrips, extracurricular activities, athletics):

| Enter text |
| --- |

1. Describe any big changes have happened within the family during the last several years (moves, births, deaths, serious illnesses, separations, divorce, etc.), that you are aware of, if any:

| Enter text |
| --- |

1. If applicable, describe how the student has responded to these changes:

| Enter text |
| --- |

1. Describe any chronic medical conditions the student has, if any:

| Enter text |
| --- |

1. When was the student’s vision last checked, and what did the check find?

| Enter text |
| --- |

1. When was the student’s hearing last checked, and what did the check find?

| Enter text |
| --- |

1. Describe the activities the student participates in while at school:

| Enter text |
| --- |

1. Describe the activities the student participates in outside of school:

| Enter text |
| --- |

1. If applicable, describe any repetitive behaviors the student exhibits while at school (fidgeting, body rocking, teeth grinding, nail biting, etc.):

| Enter text |
| --- |

1. Describe any services or accommodations you think would help reduce or eliminate the student’s difficulties while at school:

| Enter text |
| --- |

1. If applicable, describe any concerns you have about the student‘s participation in any school activity because of health or safety concerns:

| Enter text |
| --- |

Additional notes, if any:

| Enter text |
| --- |

|  |  | **Date:** | Enter date |
| --- | --- | --- | --- |
| **Staff Signature:** |  | | |

| **Return to:** | Enter name | **by:** | Enter date |
| --- | --- | --- | --- |
| **Email:** | Enter email address | **Phone:** | Enter phone number |
|  | | | |
| **Address:** | Enter mailing address | | |