

Student's Name \_\_\_\_\_

Class/Year \_\_\_\_\_

Accommodations/supports are/were provided based on an IEP, 504 plan, or Accommodations Plan?  Yes  No

**In your class does/did the student...**

	Never	Sometimes	Often	Almost Always	N/A
Get started on his/her own					
Keep working despite distractions					
Finish work on time					
Request extra time for assignments					
Request extra time for tests					
Keep notes and papers organized					
Follow verbal directions					
Follow written directions					
Need more support than his/her classmates					
Bring appropriate materials					
Try to solve problems before asking for help					
Evaluate his/her own performance					
Become easily upset					
Interrupt others					
Act impulsively, either verbally or physically					
Have difficulty working in group settings					

Please identify current strategies or interventions you are using to address the student's problem areas.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other information that supports the student's need for ACT testing with accommodations or EL supports:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Teacher Name (please print) \_\_\_\_\_

Teacher Signature \_\_\_\_\_

Date \_\_\_\_\_