

Livonia Public Schools

SECTION 504 - TEACHER INPUT

FORM I

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Teacher Name: \_\_\_\_\_ Subject: \_\_\_\_\_

1. Do you have any concerns about this student? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please specify the type of concerns below:

Academic concerns (please describe):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Behavioral concerns (please describe):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other concerns (please describe):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Please list any accommodations, interventions, or strategies you have used to address the above concern(s) and indicate how the student responded to the intervention.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. The student's current grade in class is: \_\_\_\_\_

4. Would the student have earned this grade without the accommodations, interventions, or strategies you used to address the concern(s)? Yes \_\_\_\_\_ No \_\_\_\_\_

Additional comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Teacher's Signature

Date \_\_\_\_\_