**LISD Teacher Input Form For ARD/504 Meetings**

**Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Meeting Type:\_\_\_\_\_\_\_\_\_\_ Meeting Date:\_\_\_\_\_\_\_\_\_\_**

**Teacher:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Subject:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student Competencies: Please rate each area based on the corresponding description.**

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| Work Performance  Rating:\_\_\_\_\_ | 0-Independent in classroom  1-Needs Intermittent assistance  2-Needs frequent assistance  3-Needs ongoing academic support and paraprofessional or teacher near by |  | Demonstration of Knowledge  Rating:\_\_\_\_\_ | 0-Student does not require support in order to demonstrate knowledge  1-Student requires minimal support in order to demonstrate knowledge  2-Student requires occasional support to demonstrate knowledge  3-Student requires frequent support to demonstrate knowledge |
| Content (TEKS) Adaptations  Rating:\_\_\_\_\_ | **0**-Demonstrates TEKS as outlined  **1**-Requires **minimal** accommodations to access TEKS  **2**-Requires **moderate** accommodations to access TEKS  **3**-Requires **significant** accommodations/modifications to access TEKS |  | **Instructional Delivery Methods**  Rating:\_\_\_\_\_ | **0**-Processes information as delivered  **1**-**Rarely** requires multiple instructional delivery options to process information  **2**-**Ocassionall**y requires multiple instructional delivery options to process information  **3-Frequently** requires multiple instructional delivery options to process information |
| Instructional Materials  Rating:\_\_\_\_\_ | **0**-**No** adaptations to materials required  **1**-**Few** or rare adaptations to materials required  **2**-**Occasional** adaptations to materials required  **3**-**Frequent** adaptations to materials required |  | **Enrolled Grade Level Text**  Rating:\_\_\_\_\_ | **0**-Comprehends text without assistance  **1**-Requires some support to comprehend text  **2**-Requires moderate support to comprehend text  **3**-Requires intensive support to comprehend text |
| Classroom Expectations  Rating:\_\_\_\_\_ | **0**-**Independently** follows classroom expectations  **1**-Requires **occasional** reminders to meet classroom expectations  **2**-Requires **frequent** reminders to meet classroom expectations  **3**-Requires **continual** reminders to meet classroom expectations |  | **Additional Concerns-**  **(please circle)** | Organization  Off-task behavior  Assignment completion  Communication skills  Social skills  Transitions  Peer interactions |
| Classroom Accommodations Needed  \**Must be used consistently and is currently effective for the student and documentation of implementation kept by the teacher.* | | | **STAAR Accommodations Recommended**  \*Student must be eligible for allowable accommodations, and must have corresponding classroom accommodations. If using supplemental aids, bring a copy to the meeting or attach to this form. | |
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**Any other information you would like to add for the committee’s consideration:**

**Teacher Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Please return form to:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By:\_\_\_\_\_\_\_\_\_\_\_**

Instructions:

**Case managers: (Special education teachers, dyslexia teachers, counselors, speech therapists)**

Fill out the **Student,** **Meeting Type**, **Meeting Date**, **Teacher**, **Subject** and **Please Return to** and **By**

Distribute to general education teacher/s- either in box, email, online format

Use this information to formulate the individual plan for the student to include accommodations, strategies needed, goals and service types/time.

**General Education Teachers:**

Rate each student in the specific areas, list classroom and STAAR accommodations, fill out any other information you would like to add.

**RETURN the form**