**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 PerformanceRating:\_\_\_\_\_ | 0-Independent in classroom1-Needs Intermittent assistance2-Needs frequent assistance3-Needs ongoing academic support and paraprofessional or teacher near by |  | Demonstration of KnowledgeRating:\_\_\_\_\_ | 0-Student does not require support in order to demonstrate knowledge1-Student requires minimal support in order to demonstrate knowledge2-Student requires occasional support to demonstrate knowledge3-Student requires frequent support to demonstrate knowledge |
| Content (TEKS) AdaptationsRating:\_\_\_\_\_ | **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 MaterialsRating:\_\_\_\_\_ | **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 ExpectationsRating:\_\_\_\_\_ | **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)** | OrganizationOff-task behaviorAssignment completionCommunication skillsSocial skillsTransitionsPeer 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**