



Student Achievement • Safe Schools • Positive School Climate
Humility • Civility • Service

Chino Valley Unified School District
Student Support Services

Section 504 TEACHER OBSERVATIONS

Date of 504 Plan Meeting _____

Student's Name _____

Date of Birth _____

School Year _____

School _____

Perm ID # _____

Grade _____

Teacher _____

☐ Initial ☐ Re-Evaluation ☐ Annual ☐ Transition ☐ Other _____

**Please complete the following teacher observation information
and return this form to the School Section 504 Coordinator promptly.**

STATE ASSESSMENTS

ELA _____ MATH _____ SCIENCE _____

TEACHER OBSERVATIONS

Based on your knowledge and observation, please rate this student's performance.

| | UNSATISFACTORY → EXCELLENT | | | | |
|---------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Classroom Work | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Homework | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Tests | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Reading Performance | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Math performance | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Written Performance | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Spelling | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Following Oral Directions | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Attendance | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Attention Span | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Organization Skills | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

ACTIONS TAKEN (Check all that apply)

RESULTS (Describe the effects of the actions taken)

| | |
|--|--|
| <input type="checkbox"/> Parent contact | |
| <input type="checkbox"/> Referred to counselor/administrator | |
| <input type="checkbox"/> Rearranged Seating | |
| <input type="checkbox"/> Contract (behavioral/academic) | |
| <input type="checkbox"/> Teacher/Peer Tutoring | |
| <input type="checkbox"/> Additional time for Assignments | |
| <input type="checkbox"/> Small group instruction | |
| <input type="checkbox"/> Cooperative Learning | |
| <input type="checkbox"/> Other | |



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Section 504 TEACHER OBSERVATIONS (Cont.)

BEHAVIORAL CHARACTERISTICS Check characteristics that have been observed within the classroom environment that might adversely affect the student's learning.

- | | | |
|--|---|-------------------------------------|
| <input type="checkbox"/> Shyness | <input type="checkbox"/> Moody | <input type="checkbox"/> Anxious |
| <input type="checkbox"/> Rejected by Peers | <input type="checkbox"/> Daydreams | <input type="checkbox"/> Aggressive |
| <input type="checkbox"/> Irritable | <input type="checkbox"/> Needs Constant Encouragement | <input type="checkbox"/> Disruptive |
| <input type="checkbox"/> Distractible | <input type="checkbox"/> Quarrelsome | <input type="checkbox"/> Withdrawn |

EMOTIONAL/SOCIAL CHARACTERISTICS

| | | | |
|--|------------------------------|-----------------------------|---------------------------------------|
| Generally cooperates and is compliant with teacher requests | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not observed |
| Accepts responsibility for own actions | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not observed |
| Is pleased with work well done | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not observed |
| Responds appropriately to praise and correction | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not observed |
| Consistently demonstrates behavior appropriate for his/her age | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not observed |
| Makes and keeps friends at school | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not observed |
| Independently initiates activities | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not observed |
| Resists becoming discouraged by difficulties or minor setbacks | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not observed |
| Adapts to new situations, if no, explain in Notes/Comments | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not observed |

DISCIPLINE

Is discipline an area of concern? ☐ Yes ☐ No

If YES, explain:

NOTES/COMMENTS