

Jackson Local Schools

Section 504 Collection of Data

Student: _____ Grade: ____ Counselor: _____ Teacher _____

Building: _____ Date: _____

Step One

Current Grades

Area(s)	Grade

❖ Do you see that there is difficulty with (state life activity that the team suspects is limiting): _____
Yes No

❖ Do you think that if the student did not have this areas of difficulty that they would perform at a higher rate on (check):

Test	Yes	No
Classwork	Yes	No
Homework	Yes	No
Groupwork	Yes	No
Course Grade	Yes	No

Step Two

If Yes on any above, please explain with examples how you feel that this is being affected-

Test	
Classwork	
Homework	
Groupwork	
Course Grade	

The area that is impacted the most

is _____
because _____.

Step Three

What level of impact do you feel the _____ has on the overall performance/learning in your classroom? (check)

Negligibly Mildly Moderately Substantial Extremely

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**If this were not an area of need would this child perform as a similar peer? Yes No*

Step Four

Have you provided these accommodations in the last 9 weeks?

Extended time	Yes	No	How often in the past 9 weeks?		
			Effect:		
Retakes	Yes	No	How often in the past 9 weeks?		
			Effect:		
Small Group	Yes	No	How often in the past 9 weeks?		
			Effect:		
Visuals	Yes	No	How often in the past 9 weeks?		
			Effect:		
Others: _____	Yes	No	How often in the past 9 weeks?		
			Effect:		
Others: _____	Yes	No	How often in the past 9 weeks?		
			Effect:		

Notes/Other thoughts:

***Please return to counselor named at top of this worksheet by _____.**