

504 Accommodation Monitoring Form

Student: _____ Team: _____ Teacher: _____

Directions: Throughout the week, please tally how often (STUDENT) requires the following accommodations.

ACCOMMODATION	Monday	Tuesday	Wednesday	Thursday	Friday
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Clarification & repetition of directions.	10	10	10	10	10
	9	9	9	9	9
	8	8	8	8	8
	7	7	7	7	7
	6	6	6	6	6
	5	5	5	5	5
	4	4	4	4	4
	3	3	3	3	3
	2	2	2	2	2
1	1	1	1	1	

Multi-step directions broken down into smaller steps.	10	10	10	10	10
	9	9	9	9	9
	8	8	8	8	8
	7	7	7	7	7
	6	6	6	6	6
	5	5	5	5	5
	4	4	4	4	4
	3	3	3	3	3
	2	2	2	2	2
1	1	1	1	1	

Verbal & nonverbal cues to help STUDENT stay on task.	10	10	10	10	10
	9	9	9	9	9
	8	8	8	8	8
	7	7	7	7	7
	6	6	6	6	6
	5	5	5	5	5
	4	4	4	4	4
	3	3	3	3	3
	2	2	2	2	2
1	1	1	1	1	

504 Accommodation Monitoring Form

Student: _____ Team: _____ Teacher: _____

Directions: Throughout the week, please circle YES if (STUDENT) utilizes the following accommodations or NO if the accommodations were not utilized.

ACCOMMODATION	Monday	Tuesday	Wednesday	Thursday	Friday
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Separate folders for classes & homework.	YES	YES	YES	YES	YES
	NO	NO	NO	NO	NO

Preferential seating near the teacher.	YES	YES	YES	YES	YES
	NO	NO	NO	NO	NO

Homework assignments written on the board for STUDENT to copy into planner.	YES	YES	YES	YES	YES
	NO	NO	NO	NO	NO

Completion of assessments in small group.	YES	YES	YES	YES	YES
	NO	NO	NO	NO	NO

Breaks during assessments, as needed.	YES	YES	YES	YES	YES
	NO	NO	NO	NO	NO

Extended time to complete assignments.	YES	YES	YES	YES	YES
	NO	NO	NO	NO	NO

Extended time to complete assessments.	YES	YES	YES	YES	YES
	NO	NO	NO	NO	NO