



2020-2021

[**CAMPUS NAME**]

Section 504 Student Progress Monitoring Form

Please complete the Section 504 Student Progress Monitoring Form for every **504 NONLEP** student. The form is due to the 504 Campus Coordinator *one week* after every 6 weeks reporting period.

Teacher Information & Reporting Period

Teacher Name	Course Name	6 th Weeks Period	1	2	3	4	5	6
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Student Information

Student ID	Student Name	Grade Level	Current Course Grade



If your 504 student is **PASSING** and there are no concerns.

Return the Section 504 Student Progress Monitoring Form to your 504 Campus Coordinator.

CONTINUE

If your 504 student is **FAILING** or having concerns.

Student Accommodations

List student accommodations pertaining to the student's course and rate the overall effectiveness.

N = Not observed

1 = Ineffective

2 = Somewhat Effective

3 = Effective

RC = Recommend Changing Frequency/Level of Accommodation

RR = Recommend Removing Accommodation

Current Accommodations	N	1	2	3	RC	RR	Recommend Adding the Following Accommodations-if applicable
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Teacher Observations/Actions

What assignments, etc. are problematic?	Describe possible causal factors.	What efforts have been tried to assist the student?

Communication

Guiding Questions	YES	NO	If Yes,...
Were concerns discussed with the student?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, indicate date and method.
Did the student have an opportunity to provide feedback regarding concerns?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, indicate student response.
Was a plan of action created with the student?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, indicate plan of action.
Is lack of internet or poor connectivity contributing factors to concerns?	<input type="checkbox"/>	<input type="checkbox"/>	
Were academic goals set for the next reporting period with the student?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, provide academic goal for next reporting period. ACADEMIC GOAL:
Were parents contacted?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, indicate date and method.

Teacher Recommendations

Provide Recommendations-if necessary.

504 Campus Coordinator Request

Check box if you need to contact the 504 Campus Coordinator to set up a 504 meeting or address other topics.

