

Math: STUDENT DATA PROFILE
TEACHER REPORT IN PREPARATION FOR ARD MEETINGS

Gr 6-8

5. Classroom Accommodations for this school year: Please check the accommodations the student REQUIRES in order to be successful in your class. Indicate those that are NECESSARY to implement all of the time.

- | | |
|---|--|
| <input type="checkbox"/> Concrete reinforcers | <input type="checkbox"/> Graphic organizers |
| <input type="checkbox"/> Positive reinforcers | <input type="checkbox"/> Check for understanding |
| <input type="checkbox"/> Behavior intervention plan (BIP) | <input type="checkbox"/> Reduced written tasks |
| <input type="checkbox"/> Reminders to stay on task | <input type="checkbox"/> Note-taking assistance |
| <input type="checkbox"/> Frequent breaks | <input type="checkbox"/> Shortened assignments |
| <input type="checkbox"/> Cooling off period | <input type="checkbox"/> Repeated review |
| <input type="checkbox"/> Minimal distractors | <input type="checkbox"/> Extended time assigned (SPECIFY): |
| <input type="checkbox"/> Oral administration of tests | <input type="checkbox"/> Read aloud to self |
| <input type="checkbox"/> Modified tests/texts | <input type="checkbox"/> Redo failing assignments/tests |
| <input type="checkbox"/> Short answer tests | <input type="checkbox"/> Calculator |
| <input type="checkbox"/> Small group for testing | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Change pace of instruction (DESCRIBE): _____ | |
| <input type="checkbox"/> Accessibility features (DESCRIBE): _____ | |
| <input type="checkbox"/> Manipulatives (DESCRIBE): _____ | |
| <input type="checkbox"/> Study aids (DESCRIBE): _____ | |

6. Classroom accommodations for next school year: Are any changes needed in accommodations for next school year?

If so, please list: _____

7. Parent contact: Have you contacted this parent: Yes No Reason: Academics Behavioral

8. Recommendations for placement: What recommendations would you make for this school year?

- Gen Ed classroom Gen Ed classroom with Accommodations and Inclusion / In-class support

Do you recommend changes for next year placement? If so, please list: _____

9. State Assessment for your subject area: _____

If applicable, how is the work/tests modified? _____

Recommendation for current school year:

- STAAR STAAR Online STAAR-Alt (must meet all criteria)

WHAT accommodations are needed for state assessment this school year and WHY? _____

10. Transition information:

- | | |
|---|--|
| <input type="checkbox"/> Keeps work area neat | <input type="checkbox"/> Turns in assignments on time |
| <input type="checkbox"/> Has good social skills | <input type="checkbox"/> Completes assigned tasks |
| <input type="checkbox"/> Follows directions | <input type="checkbox"/> Completes work in a neat and orderly manner |
| <input type="checkbox"/> Is reliable | <input type="checkbox"/> Organizes time and materials |
| <input type="checkbox"/> Is responsible | <input type="checkbox"/> Adapts to new situations |
| <input type="checkbox"/> Cares for materials | <input type="checkbox"/> Works with others |
| <input type="checkbox"/> Is on time for class | <input type="checkbox"/> Prefers to work alone |
| <input type="checkbox"/> Attends class regularly | <input type="checkbox"/> Responds well to authority |
| <input type="checkbox"/> Displays interest & enthusiasm for tasks | <input type="checkbox"/> Is honest in dealing with others |

11. Comments:

