

Examinee Name

Class

Does the examinee use accommodations in your class?

☐ Yes\*

☐ No

\*If yes, how frequently?

What types of additional help did the examinee request for your class?

Please provide examples of the examinee's struggle and/or success in your class.

Evaluate the examinee in the following areas. Provide comments if appropriate.

Subject	Below Average	Average	Above Average	Comments
Academic skills				
Homework completion				
Communication				
Follows directions				
Attention				
Behavior				
Social skills				

Please provide any additional information that supports the examinee's request for testing accommodations.

Teacher Name

Teacher Signature

Date

Confidential restricted when data present.