

TEACHER SURVEY FORM

Accommodations and EL Supports

■ PROGRAM: NATIONAL (SPECIAL), STATE, DISTRICT ■ PRODUCT: THE ACT ■ AUDIENCE: TEACHERS

To the teacher: ACT understands that all students have strengths and areas for improvement. This form is to help ACT understand the impact of the student's diagnosis in the educational environment.

Student's Name

Teacher's Name (printed)

FOR SCHOOL USE

Return to (printed name)

Return-by Date (MM/DD/YYYY)

Instructions

For each item below, please rate on a scale of 1–5 (1 = almost never, 3 = typical, 5 = consistently) how the statement describes your student when compared to peers. Any additional comments are welcomed to give further context.

Timing Statements

- 1. Requires individual prompting to get started _____
 - 2. Fails to complete work on time _____
 - 3. Requires additional time on tests/assignments _____
- Note:** *If additional time, how much and why is it needed?*

Comments

Organization Statements

- 1. Fails to bring appropriate materials _____
- 2. Has difficulty locating notes, homework, other papers _____

Comments

Persistence Statements

- 1. Is distracted by other students or objects in class _____
- 2. Requires redirection to complete work during class _____

3. Has difficulty following verbal and/or written directions _____

4. Has difficulty self-evaluating work _____

Comments

Social/Emotional Statements

1. Struggles to regulate emotions _____

2. Interrupts others _____

3. Acts impulsively—verbally or physically _____

4. Is unable to give presentations to the class _____

5. Has difficulty participating in group work _____

6. Avoids verbally responding to questions _____

Comments

Classroom Strategies and Supports

Please identify all strategies used in your class to help the student address statements ranked 4 or higher:

Beyond obtaining higher scores on assessments, describe the impact of your implemented classroom supports for the student:_____

Please offer any further information to support this student's application for accommodations and EL supports on the ACT:_____

Certification

Teacher's Signature

Date (MM/DD/YYYY)