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| **Student:** |  | **Counselor:** |  |
| **Panel Review Date:** |  |  |  |

1. Has a staff member reported or do you feel that accommodations may not be appropriate or working effectively in their area? Please explain:

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1. Is the student making progress? ☐ Yes ☐ No If not, please explain.

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1. Do you recommend a review of the existing accommodation plan by the RAC? ☐ Yes ☐ No

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| ***Counselor Signature:*** |

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| **To be completed by the student:**  How are your accommodations helping you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Are you getting all of your accommodations? ☐ Yes ☐ No  Do you need different or more accommodations? ☐ Yes ☐ No |
| ***Student Signature: Date:*** |