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| **Student:** |  | **Staff Name****Title:** |  |
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| **Class/Area:** |  | **Review Date:** |  |

1. What does the student report about how his/her accommodations are working in your area?

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

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1. Are the accommodations on the plan working effectively for the student? ☐ Yes ☐ No

If not, have you implemented any additional accommodations, strategies, or supports?

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

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| ***Staff Signature:*** |