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

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

|  |
| --- |
|  |
|  |
|  |
|  |

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

|  |
| --- |
|  |
|  |
|  |

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?

|  |
| --- |
|  |
|  |
|  |

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

|  |
| --- |
| ***Staff Signature:*** |