**FORM I Clare-Gladwin Regional Education Service District**

**SECTION 504 – TEACHER INPUT**

**Student Name: Date of Birth:**

**Teacher Name: Subject:**

1. Do you have any concerns about this student? Yes No If yes, please specify the type of concerns below:

Academic concerns (please describe):

Behavioral concerns (please describe):

Other concerns (please describe):

1. Please list any accommodations, interventions, or strategies you have used to address the above concern(s) and indicate how the student responded to the intervention.
2. The student’s current grade in class is:
3. Would the student have earned this grade without the accommodations, interventions, or strategies you used to address the concern(s)? Yes No

Additional comments:

***Teacher’s Signature Date***