



Teacher's observation

Student Name: _____

Date: _____

Student Email: _____

National ID: _____

Teacher Name: _____

Subject: _____

Fill in the tables below with the needed information if applicable, or put an X if the service is not applicable

1. Time and Setting Accommodations

Allow additional time (e.g. 25%, 50%, 75%, 100%)	
Allow supervised breaks (Specify duration and frequency)	
Allow for preferential seating (specify where)	
One to one setting	

2. Testing Accommodations

Remind student to stay on task (Specify frequency of cues)	
Read test to student (Specify approximate percentage. If repeated, specify frequency)	
Modify the test format (font, bold print, spacing)	
Use Highlighter	
Allow use of assistive technology. Specify type (e.g. iPad, computer, Reader Software, typing out answers...)	
No Penalty for grammar and/or spelling errors in essay writing	

3. For how long have you taught the student? _____

4. Do **you** think the student's performance is affected positively or negatively when given the accommodations? (e.g., he will get frustrated, he uses the time to review his answers, he will lose concentration, gets tired, etc.)

5. **Briefly** describe the student's disabilities impact on his/her performance in your class, specify how often it's observed.

School Administrator Signature: _____

School Stamp