504 Accommodation Monitoring Form

*Student*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*Teacher*: \_\_\_\_\_\_\_\_\_\_\_

*Directions*: Throughout the week, please tally how often (STUDENT) requires the following accommodations.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Accommodations | Monday | Tuesday | Wednesday | Thursday | Friday |
| Clarification and repetition of directions | 5  4  3  2  1 | 5  4  3  2  1 | 5  4  3  2  1 | 5  4  3  2  1 | 5  4  3  2  1 |
| Verbal encouragement | 5  4  3  2  1 | 5  4  3  2  1 | 5  4  3  2  1 | 5  4  3  2  1 | 5  4  3  2  1 |
| Multi-step directions broken down into smaller steps | 5  4  3  2  1 | 5  4  3  2  1 | 5  4  3  2  1 | 5  4  3  2  1 | 5  4  3  2  1 |
| Verbal and non verbal cues to help student stay on task | 5  4  3  2  1 | 5  4  3  2  1 | 5  4  3  2  1 | 5  4  3  2  1 | 5  4  3  2  1 |