Teacher Evaluation of Classroom Accommodations

Student name ____________________________

Subject ____________________________

Date ____________

Student name has been using accommodations in your classroom. Please rate the effectiveness of these accommodations and comment about what you think might improve effectiveness.

(1 = not effective, 2 = somewhat effective, 3 = very effective)

1. ___________________________________________________ 1  2  3
   How could the effectiveness of this accommodation be improved?
   ___________________________________________________________________

2. ___________________________________________________ 1  2  3
   How could the effectiveness of this accommodation be improved?
   ___________________________________________________________________

3. ___________________________________________________ 1  2  3
   How could the effectiveness of this accommodation be improved?
   ___________________________________________________________________

What are other accommodations that might increase access for this student?