

Setting

Preferential Seating:

- Is there evidence the student performs differently when not seated near the instructor or away from distractions?
- Is there history of the student running from assigned area?
- Are there documented vision and/or hearing concern/disability?

Student	Data Tools	Evidence			
Name: _____ Class: _____ Time: _____	Time on task Seating Location _____	Date _____ Results:	Date _____ Results:	Date _____ Results:	Date _____ Results:
Additional Comments:	Time on task Seating Location _____	Date _____ Results:	Date _____ Results:	Date _____ Results:	Date _____ Results:
	Behavior _____ Seating Location _____	Date _____ Results:	Date _____ Results:	Date _____ Results:	Date _____ Results:
	Behavior _____ Seating Location _____	Date _____ Results:	Date _____ Results:	Date _____ Results:	Date _____ Results:
	Grades _____ Seating Location _____	Date _____ Results:	Date _____ Results:	Date _____ Results:	Date _____ Results:
	Grades _____ Seating Location _____	Date _____ Results:	Date _____ Results:	Date _____ Results:	Date _____ Results:

Scheduling

Frequent/Extended Breaks:

- Is there evidence that supports success with instruction being broken in smaller segments following a break time? (i.e. within the same day or multiple sessions)
- Is there evidence that supports success with behavior, by being reinforced with designated break times during instruction?

Student	Data Tools	Evidence			
Name: _____ Class: _____ Time: _____ Additional Comments:	Time on task Without a Break _____	Date _____ Results:	Date _____ Results:	Date _____ Results:	Date _____ Results:
	Time on task With a Break _____	Date _____ Results:	Date _____ Results:	Date _____ Results:	Date _____ Results:
	Behavior _____ Without a Break _____	Date _____ Results:	Date _____ Results:	Date _____ Results:	Date _____ Results:
	Behavior _____ With a Break _____	Date _____ Results:	Date _____ Results:	Date _____ Results:	Date _____ Results:
	Grades _____ Without a Break _____	Date _____ Results:	Date _____ Results:	Date _____ Results:	Date _____ Results:
	Grades _____ With a Break _____	Date _____ Results:	Date _____ Results:	Date _____ Results:	Date _____ Results:

Response

Note-Taking:

- Is there evidence that the student can not complete note-taking requirements on their own (i.e. behavioral, visual, motor difficulties)?

Student	Data Tools	Evidence			
Name: _____ Class: _____ Time: _____ Additional Comments:	Time on task Independent _____	Date _____ Results:	Date _____ Results:	Date _____ Results:	Date _____ Results:
	Time on task With support _____	Date _____ Results:	Date _____ Results:	Date _____ Results:	Date _____ Results:
	Behavior Independent _____	Date _____ Results:	Date _____ Results:	Date _____ Results:	Date _____ Results:
	Behavior With support _____	Date _____ Results:	Date _____ Results:	Date _____ Results:	Date _____ Results:
	Grades Independent _____	Date _____ Results:	Date _____ Results:	Date _____ Results:	Date _____ Results:
	Grades With support _____	Date _____ Results:	Date _____ Results:	Date _____ Results:	Date _____ Results:

Response

Student Responses:

- Is there evidence that the student requires an alternative mode of response for assignments and tests (i.e. dictated to peer/adult/device, write in workbook, computer, alternative response options)

Student	Data Tools	Evidence			
Name: _____ Class: _____ Time: _____ Additional Comments:	Time on task Independent _____	Date _____ Results:	Date _____ Results:	Date _____ Results:	Date _____ Results:
	Time on task With support _____	Date _____ Results:	Date _____ Results:	Date _____ Results:	Date _____ Results:
	Behavior Independent _____	Date _____ Results:	Date _____ Results:	Date _____ Results:	Date _____ Results:
	Behavior With support _____	Date _____ Results:	Date _____ Results:	Date _____ Results:	Date _____ Results:
	Grades Independent _____	Date _____ Results:	Date _____ Results:	Date _____ Results:	Date _____ Results:
	Grades With support _____	Date _____ Results:	Date _____ Results:	Date _____ Results:	Date _____ Results:

Response

Calculator:

- Is there evidence the student requires the use of a calculator during math instruction on a routine basis?
- Is there evidence in present level describing fluency deficit in math calculations?
- Is there evidence of student work showing mastery with a calculator?

Student	Data Tools	Evidence			
Name: _____ Class: _____ Time: _____	Time on task With a Calculator _____	Date _____ Results:	Date _____ Results:	Date _____ Results:	Date _____ Results:
Additional Comments:	Time on task Without a Calculator _____	Date _____ Results:	Date _____ Results:	Date _____ Results:	Date _____ Results:
	Behavior With a Calculator _____	Date _____ Results:	Date _____ Results:	Date _____ Results:	Date _____ Results:
	Behavior Without a Calculator _____	Date _____ Results:	Date _____ Results:	Date _____ Results:	Date _____ Results:
	Grades With a Calculator _____	Date _____ Results:	Date _____ Results:	Date _____ Results:	Date _____ Results:
	Grades Without a Calculator _____	Date _____ Results:	Date _____ Results:	Date _____ Results:	Date _____ Results:

