Student Name:	School:
Teacher Completing Form:	Subject: Date:
SECTION 504: SC	REENING FORM (C)
 Teachers to check areas of concern. Team to compile data from teacher concerns. 	
A. GRADES Pass classes Lower grades/lower achievement Good achievement/behavior Falls behind in classwork Lack of motivation, apathy B. SCHOOL ATTENDANCE Attend school regularly Absenteeism Tardies C. EXTRA CURRICULAR ACTIVITIES Participating in Loss of eligibility Decreasing involvement Dropped out D. PHYSICAL SYMPTOMS Good physical health Poor hygiene Poor eating habits Physical complaints Vomiting Obesity Coordination Physical injuries Chronic health condition Other	E. BEHAVIOR (cont.) Throwing objects Obscene language/gestures Dramatic attention getting Obscene language or gestures Extremely negative Frequent sexually biased comments Loss of self-control, temper tantrums Demonstrates gang affiliation Inappropriate responses/behavior Has experienced prejudice/discrimination Defensive, withdrawn/loner Steals/Cheats Untruthful/Denies Destruction of Property Crying Extreme negativism Hyperactivity, nervousness Involvement with law Sell drugs/exchange of money Possession of alcohol/drug paraphernalia Involvement in thefts/assaults Vandalism Carry weapons Smoking Other
E. BEHAVIOR No behavior problems Poor self-esteem Talking freely about drug/alcohol use Avoiding contact with others Slurred speech Bad hygiene Sleeps in class Time disoriented Inappropriate responses/behavior Inappropriate touching Withdrawn/loner Erratic behavior changes on a day-to-day basis Defiance of rules/constant discipline problem Irresponsibility/blaming/denying Verbal/physical abuse to others	F. Today's Date: Team Members: