



TEACHER SURVEY FORM

Accommodations and EL Supports

PROGRAM: NATIONAL (SPECIAL), STATE, DISTRICT | PRODUCT: THE ACT | AUDIENCE: TEACHERS

To the teacher: ACT understands that all students have strengths and areas for improvement. This form is to help ACT understand the impact of the student's diagnosis in the educational environment.

Student's Name

Teacher's Name

FOR SCHOOL USE

Return to

Return-by Date (MM/DD/YYYY)

Instructions

For each item below, please rate on a scale of 1–5 (1 = almost never, 3 = typical, 5 = consistently) how the statement describes your student when compared to peers. Any additional comments are welcomed to give further context.

Timing Statements

	almost never		typical		consistently	
1. Requires individual prompting to get started	1	2	3	4	5	
2. Fails to complete work on time	1	2	3	4	5	
3. Requires additional time on tests/assignments	1	2	3	4	5	

Note: If additional time, how much and why is it needed?

Comments

Organization Statements

	almost never		typical		consistently	
1. Fails to bring appropriate materials	1	2	3	4	5	
2. Has difficulty locating notes, homework, other papers	1	2	3	4	5	

Comments

Persistence Statements

	almost never		typical	consistently	
1. Is distracted by other students or objects in class	1	2	3	4	5
2. Requires redirection to complete work during class	1	2	3	4	5
3. Has difficulty following verbal and/or written directions	1	2	3	4	5
4. Has difficulty self-evaluating work	1	2	3	4	5

Comments

Social/Emotional Statements

	almost never		typical	consistently	
1. Struggles to regulate emotions	1	2	3	4	5
2. Interrupts others	1	2	3	4	5
3. Acts impulsively—verbally or physically	1	2	3	4	5
4. Is unable to give presentations to the class	1	2	3	4	5
5. Has difficulty participating in group work	1	2	3	4	5
6. Avoids verbally responding to questions	1	2	3	4	5

Comments

Classroom Strategies and Supports

Please identify all strategies used in your class to help the student address statements ranked 4 or higher:

Beyond obtaining higher scores on assessments, describe the impact of your implemented classroom supports for the student:

Please offer any further information to support this student's application for accommodations and EL supports on the ACT:

Certification

Subject Matter

Level

Teacher's Signature

Date (MM/DD/YYYY)