

AIKEN COUNTY PUBLIC SCHOOLS

Assessment Checklist

Student Name _____ **Date** _____

_____ Initial _____ Review _____ Reassessment

The following areas of information that are checked may be reviewed during the process of determining eligibility for a Section 504 Accommodation Plan.

- _____ Grade Report
- _____ Attendance
- _____ Classroom based assessments
- _____ Local and state assessments
- _____ Work Samples
- _____ Existing Evaluations
- _____ Medical Report/Records
- _____ Prescription Medication _____
- _____ Vision Screening
- _____ Speech/Language Screening
- _____ Hearing Screening
- _____ Parental Information
- _____ Social, health, developmental, educational history
- _____ Teacher Observations
- _____ Anecdotal/Discipline Records
- _____ Functional Behavioral Assessment
- _____ Interventions attempted and the results
- _____ Intake form
- _____ Other _____