**504 Teacher Input**

*Current classroom performance (universal screening, grades, specific areas of strength/weakness):*

*Current accomodations/modifications/interventions and effectiveness:*

*Please respond to the following questions:*

Based upon the information reported above:

[ ]  YES [ ]  NO 1. Does the physical or mental disability/impairment affect one or more major life activities? If so, which major life activities are affected? **(Examples include caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, working, eating, sleeping, standing, lifting, bending, reading, concentrating, thinking, and communicating)**

[ ]  YES [ ]  NO 2. Does the physical or mental disability/impairment substantially limit a major life activity? **If yes, describe the substantial limitation**.