



# Ceres Unified School District

## SECTION 504 CHECKLIST OF OBSERVABLE BEHAVIORS

Student Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Teacher Name \_\_\_\_\_

Please check those items that apply to this student.

Date \_\_\_\_\_

CURRENT GRADE IN CLASS: \_\_\_\_\_

School \_\_\_\_\_

<p><u>School Behavior</u></p> <p><input type="checkbox"/> Short attention span, easily distracted</p> <p><input type="checkbox"/> Rarely works to potential</p> <p><input type="checkbox"/> Poor test performance</p> <p><input type="checkbox"/> Incomplete assignments</p> <p><input type="checkbox"/> Slow to finish work</p> <p><input type="checkbox"/> Decreased involvement in school activities</p> <p><input type="checkbox"/> Disrupts class</p> <p><input type="checkbox"/> Daydreaming</p> <p><input type="checkbox"/> Frequently tardy</p> <p><input type="checkbox"/> Physically active</p> <p><input type="checkbox"/> Misinterprets simple directions</p> <p><input type="checkbox"/> Defies authority</p> <p><input type="checkbox"/> Is easily motivated by _____</p>	<p><input type="checkbox"/> Works well independently</p> <p><input type="checkbox"/> Is cooperative</p> <p><input type="checkbox"/> Sleeps in class</p> <p><input type="checkbox"/> Inconsistent performance</p> <p><input type="checkbox"/> Frequent absences</p> <p><input type="checkbox"/> Frequent referrals/detentions</p> <p><input type="checkbox"/> Reluctant to speak in front of others</p> <p><input type="checkbox"/> Lacks pride in work</p> <p><input type="checkbox"/> Doesn't follow oral directions</p> <p><input type="checkbox"/> Wastes time</p> <p><input type="checkbox"/> Failing grades</p> <p><input type="checkbox"/> Feigns illness</p> <p><input type="checkbox"/> Uses obscene language/gestures</p> <p><input type="checkbox"/> Destroys/abuses property</p> <p><input type="checkbox"/> Doesn't participate in class</p>
<p><u>Social/Emotional</u></p> <p><input type="checkbox"/> Is creative</p> <p><input type="checkbox"/> Has good sense of humor</p> <p><input type="checkbox"/> Shows good curiosity</p> <p><input type="checkbox"/> Seems to feel good about self</p> <p><input type="checkbox"/> Gets along well with others</p> <p><input type="checkbox"/> Aggressive, argumentative, fights</p> <p><input type="checkbox"/> Negative/refuses to comply</p> <p><input type="checkbox"/> Appears depressed, sad, moody</p> <p><input type="checkbox"/> Disrespectful to others</p> <p><input type="checkbox"/> Easily manipulated by others</p> <p><input type="checkbox"/> Manipulates authority</p> <p><input type="checkbox"/> Perfectionist, rigid</p> <p><input type="checkbox"/> Seeks attention</p> <p><input type="checkbox"/> Evasive/doesn't accept responsibility</p> <p><input type="checkbox"/> Inappropriate reaction to poor performance</p> <p><input type="checkbox"/> Is generally confident</p>	<p><input type="checkbox"/> Has difficulty relating to adults</p> <p><input type="checkbox"/> Immature</p> <p><input type="checkbox"/> Anxious, tense and nervous</p> <p><input type="checkbox"/> Defensive, resistant</p> <p><input type="checkbox"/> Passive resistant</p> <p><input type="checkbox"/> Outgoing and friendly</p> <p><input type="checkbox"/> Overt change of attire</p> <p><input type="checkbox"/> Unable to express thoughts orally</p> <p><input type="checkbox"/> Withdrawn, isolates self from others</p> <p><input type="checkbox"/> Involved in social activities</p> <p><input type="checkbox"/> Communicates well with adults</p> <p><input type="checkbox"/> Cries easily</p> <p><input type="checkbox"/> Over sensitive to criticism</p> <p><input type="checkbox"/> Worries excessively</p> <p><input type="checkbox"/> Has extreme fears/frightens easily</p> <p><input type="checkbox"/> Gets picked on by others</p> <p><input type="checkbox"/> Inappropriate sexual behavior</p>
<p><u>Health/Physical</u></p> <p><input type="checkbox"/> Is generally healthy and fit</p> <p><input type="checkbox"/> Fatigued, sleepy</p> <p><input type="checkbox"/> Appearance change</p> <p><input type="checkbox"/> Weight loss/gain</p> <p><input type="checkbox"/> Lacks bladder/bowel control</p> <p><input type="checkbox"/> Poor hygiene</p> <p><input type="checkbox"/> Marks, bruises on arms, legs</p> <p><input type="checkbox"/> Uncoordinated physically</p> <p><input type="checkbox"/> Has trouble with fine motor tasks</p> <p><input type="checkbox"/> Unclear articulation</p> <p><input type="checkbox"/> Below average language development</p>	<p><input type="checkbox"/> Messy with work and belongings</p> <p><input type="checkbox"/> Pupils dilated</p> <p><input type="checkbox"/> Eyes red, puffy, bloodshot</p> <p><input type="checkbox"/> Unsteady gait, stumbles</p> <p><input type="checkbox"/> Slurred speech</p> <p><input type="checkbox"/> Loss of inhibitions</p> <p><input type="checkbox"/> Odor of alcohol</p> <p><input type="checkbox"/> Change in extracurricular activities</p> <p><input type="checkbox"/> Reported parental concern</p> <p><input type="checkbox"/> Reported concern by peers</p> <p><input type="checkbox"/> Talks freely of alcohol/drug use</p>
<p>List any additional concerns you have about this student.</p>	