

Department of Education
ESL MODIFICATIONS/ACCOMMODATIONS REPORT for SCHOOL YEAR _____

Student's Name: _____ Grade Level: _____ School: _____

1st Semester			2nd Semester	
SUBJECT	1st QTR grade	TEACHER	SUBJECT	3rd QTR grade

List or describe modifications/accommodations used for ESL students in your classroom for each semester in the appropriate column. If more space is needed, attach an extra sheet to this form. If student was able to succeed without modifications check off the box provided.

1st Semester	2nd Semester
<input type="checkbox"/> No Modifications needed Teacher Signature _____	<input type="checkbox"/> No Modifications needed Teacher Signature _____
<input type="checkbox"/> No Modifications needed Teacher Signature _____	<input type="checkbox"/> No Modifications needed Teacher Signature _____
<input type="checkbox"/> No Modifications needed Teacher Signature _____	<input type="checkbox"/> No Modifications needed Teacher Signature _____

ESL Coordinator Date

ESL Coordinator Date

School Administrator Date

School Administrator Date

