

Section 504 Evaluation

CHILD'S INFORMATION

NAME: _____
ID NUMBER: _____ GRADE: _____
DATE OF BIRTH: _____ GENDER: _____
STREET: _____
CITY: _____ STATE: _____ ZIP: _____
DISTRICT OF RESIDENCE: _____
COUNTY OF RESIDENCE: _____
DISTRICT OF SERVICE: _____

PARENTS' /GUARDIAN'S INFORMATION

NAME: _____
STREET: _____
CITY: _____ STATE: _____ ZIP: _____
HOME PHONE: _____ WORK PHONE: _____
CELL PHONE: _____ EMAIL: _____
NAME: _____
STREET: _____
CITY: _____ STATE: _____ ZIP: _____
HOME PHONE: _____ WORK PHONE: _____
CELL PHONE: _____ EMAIL: _____

MEETING INFORMATION

MEETING DATE: _____
MEETING TYPE:
 INITIAL SECTION 504 EVALUATION
 REVIEW SECTION 504 EVALUATION

SECTION 504 TIMELINES

SECTION 504 EFFECTIVE DATES
REFERRAL DATE: _____
CONSENT DATE: _____
NEXT REVIEW: _____

SECTION 504 STATUS

(check when complete)

1. TEAM SUMMARY REPORT
 2. ELIGIBILITY DETERMINATION

ADDITIONAL INFORMATION

Section 504 Evaluation

1 TEAM SUMMARY REPORT

Sources of information considered by the Section 504 Team:

- | | |
|-----------------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Parent Recommendation | <input type="checkbox"/> Medical/Professional Report |
| <input type="checkbox"/> Educational Evaluation/Performance | <input type="checkbox"/> Behavioral Evaluation/Performance |
| <input type="checkbox"/> Teacher Observation/Recommendation | <input type="checkbox"/> Student Work Samples |
| <input type="checkbox"/> Ineligibility For Services Under IDEIA | |
| <input type="checkbox"/> Other _____ | |

Summary of data and evaluation information that was presented

Section 504 Team Determinations:

A. The student has a physical or mental impairment: YES NO

- | | | |
|----------------------------------------------------------|----------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Allergy _____ | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Multiple Sclerosis |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Dyslexia | <input type="checkbox"/> Muscular Dystrophy |
| <input type="checkbox"/> Attention Deficit Disorder/ADHD | <input type="checkbox"/> Emotional Illness | <input type="checkbox"/> Orthopedic Impairment |
| <input type="checkbox"/> Brain Injury | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Recovering Chemically Dependent |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Speech Impairment |
| <input type="checkbox"/> Developmental Aphasia | <input type="checkbox"/> Minimal Brain Dysfunction | <input type="checkbox"/> Visual Impairment |
| <input type="checkbox"/> Other: _____ | | |

List attached sources of documentation:

B. Identify any major life activities that are limited.

- | | | |
|-------------------------------------------------------|--------------------------------------------------|-----------------------------------|
| <input type="checkbox"/> Bending | <input type="checkbox"/> Hearing | <input type="checkbox"/> Sleeping |
| <input type="checkbox"/> Breathing | <input type="checkbox"/> Learning | <input type="checkbox"/> Speaking |
| <input type="checkbox"/> Caring For Oneself | <input type="checkbox"/> Lifting | <input type="checkbox"/> Standing |
| <input type="checkbox"/> Communicating | <input type="checkbox"/> Performing Manual Tasks | <input type="checkbox"/> Thinking |
| <input type="checkbox"/> Concentrating | <input type="checkbox"/> Reading | <input type="checkbox"/> Walking |
| <input type="checkbox"/> Eating | <input type="checkbox"/> Seeing | <input type="checkbox"/> Working |
| <input type="checkbox"/> Major Bodily Functions _____ | | |
| <input type="checkbox"/> Other: _____ | | |

Section 504 Evaluation

2 Eligibility Determination

Describe the nature of the disability:

Describe the basis for the disability:

Describe how the disability affects one or more major life activities:

Describe the impact of the disability:

The term "substantially limits" means that the student is a) unable to perform one or more major life activities that a typical student of approximately the same age can perform OR b) significantly restricted as to the condition, manner or duration under which a particular life activity is performed as compared to a typical student of approximately the same age. The impairment must be substantial when compared to the typical student of approximately the same age.

Place an "X" on the following scale to indicate the specific degree that the impairment limits the major life activity. Specify information considered by the team that justifies the rating.

- 1 - Negligibly 2 - Mildly 3 - Moderately 4 - Substantially 5 - Extremely

Specify:

- The team's determination (below a '4') indicates that the student does not have a disability that meets eligibility as defined under Section 504.
- The team's determination (a '4' or above) indicates that the student has a disability that meets eligibility as defined under Section 504.
- Section 504 plan is necessary to enable the student to receive a free appropriate public education.
 - Section 504 plan is NOT necessary for the student to receive a free appropriate public education.

Section 504 Team:

Section 504 Evaluation

Name	Position	Signature	Date

Acknowledgment:

I received a copy of the Notice of Section 504 Procedural Safeguards.

- I agree with the Section 504 Team's recommendations as stated above.
- I disagree with the Section 504 Team's recommendations as stated above. (Please attach a sheet outlining those areas of the recommendations with which you disagree.)

Parent/Guardian Signature _____

Date _____

Parent/Guardian Signature _____

Date _____