

INSPIRING EXCELLENCE - EVERY CHILD, EVERYDAY

Section 504 Evaluation and Eligibility Determination

Pursuant to Section 504 of the Rehabilitation Act of 1973, the district has a duty to identify, refer, evaluate, and provide free appropriate public education to all children with disabilities. For additional information regarding Section 504, please contact your school's Section 504 Coordinator, or the Office of Special Services at (307) 328-9200.

WISER ID:		Date:	
First Name:		Last Name:	
DOB:		Grade:	
School:		Primary Language:	
Parent/Guardian:		Phone Number:	
Home Address:			
Special Education:	<input type="checkbox"/> Yes <input type="checkbox"/> No	ELL:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Evaluation:	<input type="checkbox"/> Initial <input type="checkbox"/> Re-Evaluation		

Section 1: Evaluation Results

Data considered from the following sources: (Check all that apply)

<input type="checkbox"/> Parent Report	<input type="checkbox"/> State/District Assessment Data	<input type="checkbox"/> Medical Evaluations
<input type="checkbox"/> Student Report	<input type="checkbox"/> Curriculum Based Assessments	<input type="checkbox"/> Mitigating Measures
<input type="checkbox"/> Teacher(s)/Staff Report	<input type="checkbox"/> Progress Report/Report Card	<input type="checkbox"/> Psychological Evaluation
<input type="checkbox"/> Counselor	<input type="checkbox"/> Student Portfolio/Work Samples	<input type="checkbox"/> Psycho-Educational Records
<input type="checkbox"/> Disciplinary Records	<input type="checkbox"/> Response to Intervention Data	<input type="checkbox"/> Special Education Records
<input type="checkbox"/> Attendance Records	<input type="checkbox"/> School Health Information	<input type="checkbox"/> ELL Records
<input type="checkbox"/> Classroom Observation(s)	<input type="checkbox"/> Independent Agency Reports	<input type="checkbox"/> Other:

Health Information: (Provide most current information)

Vision Screening Date:	Results: <input type="checkbox"/> Pass <input type="checkbox"/> Fail
Hearing Screening Dates:	Results: <input type="checkbox"/> Pass <input type="checkbox"/> Fail
Does the student have any health conditions? <input type="checkbox"/> No <input type="checkbox"/> Yes: (If yes, explain.)	
Is the student currently receiving medical care? <input type="checkbox"/> No <input type="checkbox"/> Yes: (If yes, explain.)	
Is the student currently taking any medications at home or school? <input type="checkbox"/> No <input type="checkbox"/> Yes: (If yes, explain.)	
Does the student require a health plan in the school setting? <input type="checkbox"/> No <input type="checkbox"/> Yes: (If yes, explain.)	
Does the student have difficulty accessing physical environments or need physical supports around the campus? <input type="checkbox"/> No <input type="checkbox"/> Yes: (If yes, explain.)	

INSPIRING EXCELLENCE - EVERY CHILD, EVERYDAY

Student:	DOB:	Meeting Date:
-----------------	-------------	----------------------

Summary of Educational Performance: *(Summarize how the student's current educational performance is negatively impacted by the student's impairment.)*

--

Summary of Parent/Student/Staff Report: *(Specifically address how the student's current educational performance is negatively impacted by the student's impairment.)*

--

Summary of Current Evaluation Data: *(Summarize data from all psychoeducational reports, independent educational evaluations, medical reports, etc.)*

--

Summary of Other Relevant Data: *(If applicable)*

--

INSPIRING EXCELLENCE - EVERY CHILD, EVERYDAY

Student:	DOB:	Meeting Date:
-----------------	-------------	----------------------

Section 2: Eligibility Criteria

#1. Does the student have a mental or physical impairment? <i>Note: Impairments that are episodic, in remission or mitigated should also be listed.</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes
---	--

If yes, describe the impairment:

#2. Does the physical or mental impairment affect one or more major life activities (including major bodily functions)? <i>Note: For an impairment that is episodic, in remission, or mitigated, identify the activity or function affected when the disability was present or active.</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes
---	--

If yes, identify the major life activities affected: *(Check all that apply below)*

<input type="checkbox"/> Learning	<input type="checkbox"/> Seeing	<input type="checkbox"/> Bending	<input type="checkbox"/> Brain function
<input type="checkbox"/> Reading	<input type="checkbox"/> Hearing	<input type="checkbox"/> Standing	<input type="checkbox"/> Reproductive function
<input type="checkbox"/> Concentrating	<input type="checkbox"/> Eating	<input type="checkbox"/> Performing manual tasks	<input type="checkbox"/> Circulatory function
<input type="checkbox"/> Working	<input type="checkbox"/> Speaking	<input type="checkbox"/> Bowel function	<input type="checkbox"/> Neurological function
<input type="checkbox"/> Thinking	<input type="checkbox"/> Breathing	<input type="checkbox"/> Bladder function	<input type="checkbox"/> Normal cell growth
<input type="checkbox"/> Communicating	<input type="checkbox"/> Sleeping	<input type="checkbox"/> Digestive function	<input type="checkbox"/> Functions of immune system
<input type="checkbox"/> Lifting	<input type="checkbox"/> Walking	<input type="checkbox"/> Endocrine function	<input type="checkbox"/> Respiratory function
		<input type="checkbox"/> Caring for one's self	<input type="checkbox"/> Other:

#3. Does the physical or mental impairment substantially limit a major life activity? <i>Notes: (1) "Substantially limits" does not mean "significantly restricted." (2) When making this determination, the Committee should not consider the ameliorative (helpful or positive) effects of mitigating measures (except for ordinary eyeglasses or contact lenses). (3) The fact that the impairment is episodic or in remission does not preclude eligibility if the impairment would substantially limit a major life activity when active. (4) Substantial limitation must not primarily be the result of cultural, economic, or environmental factors.</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes
--	--

Explain for either "No" or "Yes":

#4. Does the student require special education and/or related services in order to receive FAPE?	<input type="checkbox"/> No <input type="checkbox"/> Yes
---	--

Explain for either "No" or "Yes":

INSPIRING EXCELLENCE - EVERY CHILD, EVERYDAY

Student:	DOB:	Meeting Date:
-----------------	-------------	----------------------

Section 3: Eligibility Determination

This section is to be completed based on Questions 1-4 in Section 2.

1. *If all four questions are answered "YES", the student is eligible for both nondiscrimination and FAPE (Section 504 Plan) protections of Section 504. The Section 504 Team will create a Section 504 Plan for the student.*
2. *If only the first three questions are answered "YES", the student is eligible for the nondiscrimination and procedural safeguards protections of Section 504. The student is not eligible to receive FAPE under a Section 504 Plan.*
3. *If any of the first three answers is "NO", the student is not eligible for Section 504 nondiscrimination protection and is not eligible for a Section 504 Plan.*

Results of the evaluation and eligibility criteria indicate: *(Check ONE of the following)*

- Not Eligible** - The student is not Section 504 eligible as the student does not have a physical or mental impairment that substantially limits any major life activity. Return to regular programming.
- Eligible but No Plan** - The student is Section 504 eligible for non-discrimination protections but does not require FAPE under Section 504 as the student's needs are met as adequately as nondisabled peers due to mitigating measures, episodic impairment, and/or remission of disability. The student will receive manifestation determination, procedural safeguards, as well as nondiscrimination protections under Section 504. The Section 504 Team shall reconvene at any time should the student's needs change.
- Eligible and Plan** - The student is eligible under Section 504 and requires a Section 504 Plan in order to receive free appropriate public education. The Section 504 Team will develop a Section 504 Plan or review/revise an existing plan. The student will receive manifestation determination, procedural safeguards, periodic Re-Evaluation or more often as needed, as well as nondiscrimination protections of Section 504.
- Dismissal from Section 504 Program** - The student continues to have a physical or mental impairment that substantially limits any major life activity, but the student no longer requires a Section 504 Plan. The student is exited from Section 504 programming and is returned to regular programming. The student will receive manifestation determination, procedural safeguards, as well as nondiscrimination protections under Section 504.
- The student is IDEA eligible and receiving services through an IEP.** Accommodations and services will be documented in the student's IEP.
- Parent has refused consent for a Section 504 plan.**

Section 4: Meeting Participation

By signing below, team members acknowledge their participation in this Section 504 evaluation meeting and indicate their area of knowledge with regard to this student. Members of the team who disagree with the eligibility determination may submit a written statement of dissent that will be placed in the student's Section 504 file.

Name	Signature	Area of Knowledge <i>(Check all that apply)</i>
		<input type="checkbox"/> The Student
		<input type="checkbox"/> The meaning of the data
		<input type="checkbox"/> The placement options
		<input type="checkbox"/> The Student
		<input type="checkbox"/> The meaning of the data
		<input type="checkbox"/> The placement options

INSPIRING EXCELLENCE - EVERY CHILD, EVERYDAY

Student:	DOB:	Meeting Date:
-----------------	-------------	----------------------

Name	Signature	Area of Knowledge <i>(Check all that apply)</i>
		<input type="checkbox"/> The Student
		<input type="checkbox"/> The meaning of the data
		<input type="checkbox"/> The placement options
		<input type="checkbox"/> The Student
		<input type="checkbox"/> The meaning of the data
		<input type="checkbox"/> The placement options
		<input type="checkbox"/> The Student
		<input type="checkbox"/> The meaning of the data
		<input type="checkbox"/> The placement options
		<input type="checkbox"/> The Student
		<input type="checkbox"/> The meaning of the data
		<input type="checkbox"/> The placement options
		<input type="checkbox"/> The Student
		<input type="checkbox"/> The meaning of the data
		<input type="checkbox"/> The placement options
		<input type="checkbox"/> The Student
		<input type="checkbox"/> The meaning of the data
		<input type="checkbox"/> The placement options

For Office use only	
A copy of the Procedural Safeguards provided to parent/guardian by:	Date: