

# Kentucky Public School District Section 504 Evaluation Summary Form (Complete Relevant Sections)

District Name:

Name:

Date of Birth:

Parent/Guardian

Has student been previously evaluated under IDEA or Section 504?

Yes      No

I. Sources of Information Reviewed (if applicable):

Cumulative File Data

	Yes	No
Is the student's hearing normal?		
Is the student's vision normal?		
Are there any physical or mental health problems?		
Has the attendance been regular?		
Has the student frequently changed schools?		

A. Evaluation Results (fill in only applicable areas):

1. Regular Classroom Performance

Reporting Teacher:

Concerns

2. Medical or other relevant health  
professional diagnosis

Medical or other relevant health  
professional name:

Date of Diagnosis:

3. Social/Emotional/Behavioral  
Observation Results:

Observer:

Date of Observation:

Observation Results:

4. Other Assessment/Observation Results: Type

Observer/Evaluator:

Date of Evaluation/Observation:

Evaluation/Observation Results:

B. Does behavior seriously impede participation in educational programs, or other school district programs? If so, explain below:

II. Other Sources Considered

- |  |                 |
|--|-----------------|
| 1. Parent Data/Developmental History   | Report Attached |
| 2. Informal Inventories  | Report Attached |
| 3. Student Work Samples  | Report Attached |
| 4. Interviews/Documentation with counselors, teachers, medical/health professionals, other professionals | Report Attached |

Signature

Date

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KPSD Official