

Oroville Union High School District
Section 504 Evaluation

CONFIDENTIAL

Instructions: A Section 504 evaluation is to be conducted by the Section 504 school-based team for non-special education students who may have disability and be eligible for accommodations, aids, services, and specialized instruction under Section 504 of the Rehabilitation Act of 1973, which prohibits discrimination on the basis of disability. The eligibility decisions must be based on information from a variety of sources, such as teacher reports, reports of physical or mental condition, observations, adaptive behavior, and aptitude and achievement testing. The Section 504 school-based team must be comprised of persons knowledgeable about the student, the meaning of the evaluation data and placement/accommodations options.

Purpose of Meeting: Initial Evaluation Review/Dismissal

Student Name: _____ Grade: _____ Date: _____

School: _____ Date of Birth: _____

Case Manager: _____ Reason for Evaluation: _____

Data Reviewed: In determining eligibility, the Section 504 school-based team will review various sources of available information (indicated below).

- | | | |
|---|--|---|
| <input type="checkbox"/> Aptitude/achievement tests | <input type="checkbox"/> Health Records | <input type="checkbox"/> IEP Team Evaluations |
| <input type="checkbox"/> Report Cards | <input type="checkbox"/> Educational Records | <input type="checkbox"/> Information from Parents |
| <input type="checkbox"/> Teacher Reports | <input type="checkbox"/> Medical Reports | <input type="checkbox"/> Observations |
| <input type="checkbox"/> Psychological Reports | <input type="checkbox"/> Student Attendance | <input type="checkbox"/> Developmental Records |
| <input type="checkbox"/> Other (Specify) _____ | | |

Determination of a Physical or Mental Impairment (According to Section 504, a student must have a physical or mental impairment that substantially limits a major life activity). Check all that apply:

PHYSICAL IMPAIRMENT: The student has NO physical impairment a physical impairment or condition
 a cosmetic disfigurement an anatomical loss.

If the impairment is physical, what body system is affected: neurological musculoskeletal
 special sense organs respiratory, including speech cardiovascular digestive genito-urinary
 hemic and lymphatic skin endocrine other

Specify the impairment: _____

Medical Documentation, if applicable, provided by (cannot be required):

MENTAL IMPAIRMENT: The student has NO Mental Impairment organic brain syndrome

emotional or mental illness SPECIFY: _____

Medical documentation provided, if applicable, by (cannot be required): _____

Major Life Activity/Activities Affected by the Impairment:

Check all that apply:

If the student has been found to have either a physical or a mental impairment, check all the major life activities affected by the impairment:

- learning caring for oneself performing manual tasks walking seeing hearing
- speaking breathing working standing lifting bending concentrating thinking
- communicating Other (specify) _____

NO major life activity is affected at this time.

Supporting Documents, if applicable, by (note: parent is not required to provide document): _____

Substantial Limitation

To find that a student who has a physical or mental impairment that affects a major life activity is eligible for services under Section 504, the school based team must find that the impairment “substantially limits” a major life activity. Section 504 requires that the team compare the student’s performance on a major life activity to that of the average student in the general population.

The student must be restricted as to the condition, manner, or duration under which he/she can perform a particular life activity as compared to the average student in the general population.

1. Is the student unable to equally access educational programs/activities without accommodation?
 Yes No
2. Is the student limited in the ability to perform the life activity identified? Yes No
3. Is the student restricted as to the condition, manner or duration under which he/she can perform the major life activity identified above? Yes No
4. Explain rationale (if yes to any one, then eligible): _____

Eligibility and Follow-Up

- The student is found eligible for a Section 504 Accommodation Plan to help meet their needs.
- The student is NOT found eligible under Section 504 and the team makes recommendations to assist the student in other ways.
- The student DOES NOT CONTINUE to meet eligibility for Section 504 accommodations. The 504 plan is removed. The team makes recommendations to assist the student in other ways.

Recommended Accommodations, Services, and/or Instruction:

- 1. _____

- 2. _____

- 3. _____

- 4. _____

- 5. _____

- 6. _____

Participating Members:

Name: _____	Title: _____
Name: _____	Title: _____
Name: _____	Title: _____
Name: _____	Title: _____
Name: _____	Title: _____
Name: _____	Title: _____
Name: _____	Title: _____
Name: _____	Title: _____

Written parental consent prior to implementing a 504 Accommodation plan must be received. I have received a copy of the Section 504 Parents Rights and Safeguards. I agree with the accommodation, services, and instruction plan as identified above.

Name: _____ Date: _____

*Upon completion, send copies to district 504 Coordinator, retain copy for case manager, and send copies to all teachers.