

SECTION 504 LEARNING EVALUATION CHECKLIST
For Parents, Teachers an/or Service Providers

Student's Name _____ DOB _____ Grade _____

To qualify for protection under Section 504 based on a disability in learning, a student must have a physical or mental impairment that substantially limits his/her learning.

If a student does not need accommodations/modifications/interventions at school beyond those normally made available to all students, then he/she is not eligible for a Section 504 Plan.

The following factors should be considered by the conference committee in determining whether the student's physical or mental impairment substantially limits his/her learning: (generally, there should be multiple indications of difficulty before the committee determines the student's learning is substantially limited.)

Yes No

- | | | |
|-------|-------|--|
| _____ | _____ | 1. Has the student demonstrated a consistent need for substantially more time to complete homework assignments than required by students without disabilities?
If YES, how often? _____ |
| _____ | _____ | 2. Has the student demonstrated a consistent need for substantially more time to complete in-class assignments than required by students with disabilities?
If YES, how often? _____ |
| _____ | _____ | 3. Does the student consistently need modified testing to be able to demonstrate his/her knowledge?
If YES, how often? _____ |
| _____ | _____ | 4. Does the student have significant difficulty with planning, organization, and performing school-related assignments and other activities?
If YES, provide examples _____

_____ |
| _____ | _____ | 5. Is the student chronically absent or tardy due to a physical or mental impairment?
If YES, how many absences/tardies? _____ |
| _____ | _____ | 5a. If so, are those absences/tardies significantly interfering with his/her educational performance/progress?
If YES, provide examples _____
_____ |

(continued on back)

YES NO

___ ___ 6. Does the student exhibit **frequent behaviors** (such as impulsivity, inattentiveness, aggression, drowsiness) that are commonly associated with the student's physical or mental impairment or the medication the student is prescribed?

If YES, provide examples _____

___ ___ 6a. Do those behaviors **significantly interfere** with the student's educational performance/progress?

If YES, provide examples _____

___ ___ 7. Has the student experienced a **significant decline** in academic performance for which there is no known cause other than the student's physical or mental impairment?

If YES, provide examples _____

___ ___ 8. Does the student have **significant discipline problems** that are not due to any cause other than the physical or mental impairment?

If YES, explain _____

___ ___ 9. After appropriate intervention strategies have been attempted in the regular education classroom, does the student still have **significant learning difficulties**?

If YES, provide examples _____

___ ___ 10. Does the student's physical or mental impairment **substantially limit** his/her ability to learn in any manner not already indicated?

If YES, explain _____

