

**PASADENA UNIFIED SCHOOL DISTRICT**  
Child Welfare and Attendance

**SECTION 504 EVALUATION DOCUMENTATION**

<b>Student</b>		<b>Date of Birth</b>		<b>Meeting Date</b>	
<b>School</b>		<b>Grade</b>			

**SECTION 504 EVALUATION MEETING**

**Reason for Section 504 Meeting:**

- Initial Section 504 Evaluation**     
  **Re-evaluation**     
  **Section 504 Link Determination**

**Parent/guardian responded to Section 504 Meeting notice:**     
  **Will attend**     
  **Will not attend**

A Section 504 Evaluation Meeting occurred on		
	(Day/Date)	(Time)

**The following items have been provided to the parent/guardian:**

	<u>Date Sent</u>	<u>Sent By</u>
“Notice of Section 504 Evaluation” (Form D)		
“Parent/Guardian Procedural Safeguards under Section 504 of the Rehabilitation Act of 1973” (Form C)		

**REVIEW OF AVAILABLE INFORMATION**

**TEACHER OBSERVATION** (See attached Section 504 Teacher Observation Form.)

**ACHIEVEMENT DATA**

**1. List Most Recent Achievement Test Scores**

Subject	Grade Tested	Current Grade	Stanines	Percentiles	Performance Level
Reading Vocabulary					
Reading Comprehension					
Mathematics					
Language Arts					
Social Studies					
Science					
Star Mathematics					
Star Language Arts					

**This student’s test scores:**

- have become higher each year  
 have stayed about the same each year  
 have become worse each year  
 dropped suddenly in grade  
 data not available

**Compared to the mean of the District,**

- this student’s test scores:**  
 have become better each year  
 have stayed about the same each year  
 have become worse each year  
 District mean not available

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**REVIEW OF AVAILABLE INFORMATION** Continued . . .

**2. Current Grades**

<u>Subject</u>	<u>Grade</u>

**This student’s grades:**

- have become better each year
- have stayed about the same each year
- have become lower each year
- dropped suddenly in grade
- data not available

**Compared with most of the other students in this school, this student’s grades:**

- are better
- are about the same
- are worse
- data not available

**3. Has this student been retained?**

	If yes, indicate at which grade level (s)	
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**HOME LANGUAGE SURVEY**

Student’s language is		Home language is	
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English Language Learner:      Yes     No

If yes, is the student’s language contributing to the student’s lack of achievement in school? Please explain:

**HEALTH**

<u>Student Performance</u>	<u>Vision</u>	<u>Hearing</u>
Screening Date		
Screening Results		

**Health Condition**

YES     NO

Does the student have a health condition(s)? If YES, explain:

  

Is the student currently on medication at home or at school? If YES, explain:

  

Does the student require an accessible facility? If yes, explain:

Student		Date of Birth		Meeting Date	
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**REVIEW OF AVAILABLE INFORMATION** Continued . . .

**4. Other Health Information:**

Health information reviewed by		Date	
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**ATTENDANCE**

Days Present		Days Absent		Number of School Changes	
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**SECTION 504 CRITERIA**

Based on the evaluation data drawn upon information from a variety of sources, the Section 504 Team must answer the following questions to determine whether the student meets the criteria for an educational placement under Section 504. *If all four questions are answered “Yes,” the student meets the criteria for an educational placement under Section 504 and a Section 504 Plan should be developed. If any of the answers is “No,” the student does not meet the criteria and the student is not eligible for an educational placement under Section 504 and a Section 504 Plan should not be developed.*

**1. Does the student have a potentially limiting mental or physical disability?**

YES       NO

*If YES, describe the nature of the condition.*

**2. Does the student’s disability impair a major life activity?**

YES       NO

*If YES, describe which major life activity/activities is/are affected.*

**3. Does the physical or mental impairment substantially limit a major life activity?** (That is, as a result of the physical or mental impairment, is the student significantly restricted as to the condition, manner or duration under which the student can perform a particular major life activity as compared to the condition, manner, or duration under which the average student the same age/grade level in the general population can perform that same major life activity?)

YES       NO

*If YES, what documentation is there to support the claim of a substantial limitation?*

**4. Does the student require a Section 504 Plan in order for his/her educational needs to be met as adequately as those of non-disabled peers?**

YES       NO

*If NO, explain.*

**(Note: If the student’s needs are so extreme as to require special education, a referral for special education assessment should be considered.)**

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**SECTION 504 ELIGIBILITY**

**The Section 504 Team reviewed and carefully considered the following data which was drawn from a variety of sources.** (Please check any that apply from the following list.)

- |  |   |
|--|---|
| <input type="checkbox"/> Grade reports                                     | <input type="checkbox"/> Teacher/Administrator input      |
| <input type="checkbox"/> Disciplinary records/referrals                    | <input type="checkbox"/> Student work portfolio           |
| <input type="checkbox"/> Standardized tests/Other tests                    | <input type="checkbox"/> Student Success Team suggestions |
| <input type="checkbox"/> School health information                         | <input type="checkbox"/> Other _____                      |
| <input type="checkbox"/> Medical evaluations/diagnoses supplied by parents | <input type="checkbox"/> Other _____                      |
| <input type="checkbox"/> Parent input                                      | <input type="checkbox"/> Other _____                      |

**The Section 504 Team’s analysis of the eligibility criteria as applied to the evaluation data indicates that:**

- The student does not meet the criteria under Section 504 and will continue to receive general education and any available general education resources and programs.
- The student meets the criteria under Section 504 and will receive a Section 504 Plan.
- The student continues to meet the criteria under Section 504 and will receive a revised Section 504 Plan. (This applies to Section 504 re-evaluations only.)
- The student no longer meets the criteria under Section 504 and no longer requires a Section 504 Plan. The student will now receive general education and available general education programs.
- The student no longer meets the criteria under Section 504 because the student is currently eligible for special education services.

**DISCIPLINE**

**For a student who meets the criteria under Section 504, consider the student’s disability and whether it would or would not have an effect on behavior:**

- The student’s disability **would not** cause him or her to violate school rules; therefore, the student will be accountable for following school rules.
- The student’s disability **would require** that an accommodation be made to ensure compliance with school rules. Any such accommodation will be specified in the Section 504 Plan and/or in a Section 504 Behavior Support Plan.

**TESTING**

**For a student who meets the criteria under Section 504, consider whether the student’s disability will have an effect on the student’s participation in state and district-wide assessments:**

- The student should be able to participate in state and district-wide assessments **without any accommodations** provided.
- The student requires accommodations to participate in state and district wide assessments, **with accommodations to be specified in the Section 504 Plan.**

Student		Date of Birth		Meeting Date	
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**By signing below, the following Section 504 team members acknowledge their participation in this Section 504 evaluation meeting and indicate their area of knowledge with regard to this student.**

**SECTION 504 TEAM MEMBERS**

<u>NAME (Please print)</u>	<u>SIGNATURE</u>	<u>KNOWLEDGE OF</u>
Position/ Title		<input type="checkbox"/> Student <input type="checkbox"/> Evaluation Data <input type="checkbox"/> Educational Placement
Position/ Title		<input type="checkbox"/> Student <input type="checkbox"/> Evaluation Data <input type="checkbox"/> Educational Placement
Position/ Title		<input type="checkbox"/> Student <input type="checkbox"/> Evaluation Data <input type="checkbox"/> Educational Placement
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**APPEAL RIGHTS**

Parents/guardians have the right to appeal the local school site’s decisions with regard to the identification, evaluation, or accommodations of students under Section 504. Such appeals must be put in writing and sent to the principal within 15 days of receiving notice of the school site decision. Please consult the attached “Parent/Guardian Procedural Safeguards under Section 504 of the Rehabilitation Act of 1973” (Form C) for other appeal options.

[NAME OF PRINCIPAL, SCHOOL ADDRESS, PHONE NUMBER]

For additional information or assistance, parents/guardians may call and speak to the Coordinator of Child Welfare and Attendance.

(626) 396-3600 ext. 88230

**Attachment: “Parent/Guardian Procedural Safeguards under Section 504 of the Rehabilitation Act of 1973” (Form C)**