

SECTION 504 EVALUATION



DATE

INITIAL _____

3-YR RE-EVALUATION _____

DISCIPLINE _____

STUDENT: _____ SCHOOL: _____ DOB: _____

GRADE: _____ TEACHER: _____ PARENT/GUARDIAN: _____

WAS PARENT NOTIFIED OF MEETING AND 504 RIGHTS? _____ YES _____ NO

EVALUATION COMMITTEE PARTICIPANTS: (All Participants Need to Sign)

Signature

Title/Position

Signature

Title/Position

Signature

Title/Position

Signature

Title/Position

Signature

Title/Position

AREA(S) OF CONCERN

_____ ACADEMIC

_____ BEHAVIOR

_____ MEDICAL

SOURCES OF INFORMATION USED FOR EVALUATION (CHECK ALL THAT APPLY):

_____ Vision

_____ Teacher Input

_____ STAR reports

_____ Hearing

_____ Parent Input

_____ RTI Data

_____ Medical Reports

_____ Student Input

_____ Behavior Plan

_____ Standardized Tests

_____ DIBELS

_____ Discipline Reports

_____ Grades

_____ FBA

_____ Other Tests (Specify)

_____ Class Work/Samples

_____ Psychological Reports

_____ Other (Specify)

_____ Dyslexia Reports

_____ Speech/Language

_____ ADD/ADHD Checklists

_____ PAS Testing and/or Eval

CHECK THE MAJOR LIFE ACTIVITY/ACTIVITIES AFFECTED:

_____ Learning

_____ Walking

_____ Seeing

_____ Hearing

_____ Self Care

_____ Manual tasks

_____ Working

_____ Speaking (communication)

_____ Reading

_____ Concentrating

_____ Thinking

_____ Major Bodily Functions

_____ Breathing

_____ Communicating

_____ Eating

_____ Sleeping

_____ Standing

_____ Lifting

_____ Bending

_____ Other _____

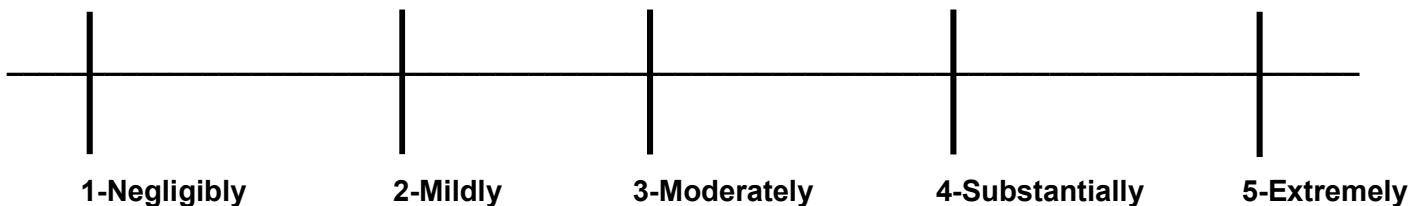
Student: _____ Date: _____

1. Specify the medical concerns/mental or physical impairment(s): _____

Specify the academic/learning concern(s): _____

2. Place an **X** on the following scale to indicate the specific degree that the impairment (#1) limits the major life activity affected.

- Use the average student in the general population as a frame of reference for the purposes of comparison.
- For impairments that are episodic or in remission, make a determination for the time when they are active.
- Make a determination without the effects of mitigating measures (how the impairment would affect the child if he/she wasn't being helped by medication; assistive technology; hearing aids and cochlear implants, mobility devices, low-vision devices (except eyeglasses or contact lens), learned behavioral or adaptive neurological modifications, and reasonable accommodations or auxiliary aids/services.
- Each participant may use this scale to determine his/her estimation of impairment. Document the estimations on the scale.
- The decision of the 504 Team will determine if the student meets the eligibility for a student with a disability in accordance with Section 504 of the Rehabilitation Act of 1973.



EVALUATION COMMITTEE DETERMINATION(S)

____ Student qualifies for 504 services. An IAP/504 Plan should be completed (or updated) with services and needed accommodations.

____ Student no longer qualifies for 504 services.

____ Student is suspected of a disability and to be in need of special education and related services under IDEA and needs further evaluation by Pupil Appraisal for determination of possible special education services.