\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Student Name

|  |  |  |
| --- | --- | --- |
| Grade:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | State ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Local ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | District:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ELL Status:Choose an item.\_ |  | School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Purpose:** Evaluation of Eligibility for 504 Plan

*Date Notice of Meeting given to parents/guardian:* Click or tap to enter a date.

*Date 504 Rights were provided to parents/guardian:* Click or tap to enter a date.

**Referral:**Date Parent/Guardian notified of Evaluation: Click or tap to enter a date.

 **Eligibility Meeting Summary:**

**E**

*Sources of Evaluation:*

**Evaluation Data Considered from a Variety of Sources (mark all that apply and be sure to have a variety of sources):**

|  |  |  |  |
| --- | --- | --- | --- |
| [ ] *Parent input* | [ ] *Teacher input* | [ ] *Aptitude or Achievement test* | [ ] *Review of Academic Records* |
| [ ] *Medical evaluations/diagnoses/physical condition* | [ ] *Classroom observations* | [ ] *Outside agency evaluations* | [ ] *Social or cultural background* |
| [ ] *Other* |  |  |  |

If “Other” was selected above, please provide additional details:

Recommendations:

If information from a conversation and/or other information in unwritten form was considered, please document that oral data here:

|  |
| --- |
| **Write a brief summary of the evaluation sources and results:** |

**1. The student has a physical or mental impairment:** Choose an item.

Describe the impairment:

**2. Does the student's documented physical or mental impairment significantly impact the student in one or more of the following life activities?** Choose an item.

*If yes, check the appropriate box(es) below:*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ] Caring for One's Self | [ ]  Performing Manual Tasks | [ ]  Walking | [ ]  Seeing | [ ]  Breathing |
| [ ]  Hearing | [ ]  Speaking | [ ]  Working | [ ]  Learning | [ ]  Reading |
| [ ]  Thinking | [ ]  Concentrating | [ ]  Bowel Functions | [ ]  Bladder Functions | [ ]  Digestive Functions |
| [ ]  Eating | [ ]  Sleeping | [ ]  Other (list: \_\_\_\_\_\_\_\_\_\_\_\_) |  |  |

*3. Does the student's disability substantially limit this/these major life activities?* Choose an item.

Describe the impact:

*4. Does the identified disability impact the student's access to the general education programs and services of the*

*school?* Choose an item.

**5) With these considerations is the student disabled under Section 504? Mark one below:**

[ ]  *Student is eligible under Section 504 and will receive accommodations*

[ ]  *Student has a qualifying disability under Section 504 but does not require a Section 504 accommodation plan at this time. This may be revisited at any time.*

[ ]  *Student is not eligible under Section 504*

|  |  |  |
| --- | --- | --- |
| **Printed Name** | **Signature** | **Role**  |
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| ***Additional Meeting Notes:***  |