**DISTRICT/SCHOOL NAME**

Date: Click or tap here to enter text. [ ]  **Initial Evaluation** [ ]  **Reevaluation**

Student Name: Click or tap here to enter text. Student ID#: Click or tap here to enter text.

The Section 504 Committee must include persons with knowledge of the student, the meaning of the evaluation data and the placement options.

|  |  |  |
| --- | --- | --- |
| Name/Signature | Position/Title | Date |
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Evaluation Data Considered from a Variety of Sources:

The Section 504 Committee reviewed and carefully considered the following data gathered from a variety of sources.

(Please check each that applies, attach copies of the data and document discussions on Notes page.)

|  |  |  |
| --- | --- | --- |
| [ ]  Grade Reports | [ ]  Parent Input | [ ]  Standardized Tests  |
| [ ]  Student Input | [ ]  Student Work Samples | [ ]  Language Dominance |
| [ ]  MLSS Intervention Data | [ ]  Disciplinary Records/Referrals | [ ]  Mitigating Measures |
| [ ]  School Health Information | [ ]  Medical Evaluations/Diagnoses | [ ]  Previous Special Education Records |
| [ ]  Other: Click or tap here to enter text. |

Date: Click or tap here to enter text.

Student Name: Click or tap here to enter text. Student ID#: Click or tap here to enter text.

The following information provided by the parents (Note: attach copies of any report, recommendation or evaluation provided by the parents, and summarize any verbal input): Click or tap here to enter text.

Medical reports/ records (include Physician’s Statement) if applicable: Be specific: Click or tap here to enter text.

Other input - Be specific: Click or tap here to enter text.

**CONSIDERATION OF MAJOR LIFE ACTIVITIES**

What is the major life activity that may be impacted? For impairments in remission or episodic, identify activity or

function affected when the disability is present.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ]  Caring for self  | [ ]  Hearing | [ ]  Bending | [ ]  Digestive function | [ ]  Respiratory function |
| [ ]  Performing manual tasks | [ ]  Speaking | [ ]  Reading | [ ]  Normal cell growth | [ ]  Circulatory function |
| [ ]  Walking | [ ]  Breathing | [ ]  Concentrating | [ ]  Bowel function | [ ]  Endocrine function |
| [ ]  Seeing | [ ]  Learning | [ ]  Thinking | [ ]  Neurological function |  |
| [ ]  Communicating | [ ]  Eating | [ ]  Sleeping | [ ]  Brain function |  |
| [ ]  Standing | [ ]  Lifting | [ ]  Immune system | [ ]  Reproductive function |  |
| [ ]  Other – be specific: Click or tap here to enter text. |

**CONSIDERATION OF PHYSICAL OR MENTAL IMPAIRMENT**

What data has the Committee considered to establish that the student has/continues to have a physical or mental impairment? Be specific, and list all sources of data: Click or tap here to enter text.

* NOTE: if the data does not support the existence of a physical or mental impairment, the school cannot identify the student as an individual with a disability under Section 504.

Based upon a review of the data cited above, does the student have a physical or mental impairment affecting one or more major life activities to some degree when disregarding mitigating measures? [ ]  Yes [ ]  No

If “YES” what is the nature of the physical or mental impairment affecting the major life activity? Click or tap here to enter text.

If “NO” the student cannot be identified as an individual with a disability under Section 504.

Date: Click or tap here to enter text.

Student Name: Click or tap here to enter text. Student ID#: Click or tap here to enter text.

**CONSIDERATION OF DISABILITY**

When **disregarding mitigating measures**, does the student’s physical or mental impairment “substantially limit” the student’s performance of one or more major life activity in comparison with how most students in the general population and of the same chronological age perform the major life activity?

[ ]  Yes, Substantial [ ]  No, Moderate [ ]  No, Mild

If the student’s impairment is **episodic or in remission**, does the student’s physical or mental impairment substantially limit the student’s performance of one or more major life activity when **active**?

|  |  |  |
| --- | --- | --- |
| **YES** | **NO** | **Based on the evaluation data gathered from a variety of sources, the Section 504 Committee answered the following questions to determine Section 504 identification** |
|[ ] [ ]  1. Does the student have a physical or mental impairment? If so, describe the impairment. Click or tap here to enter text. |
|[ ] [ ]  2. Does the physical or mental impairment affect one or more major life activities? If so which major life activity or activities is/are affected?Click or tap here to enter text. |
|[ ] [ ]  3. When **disregarding the mitigating measures**, does he physical or mental impairment **substantially limit** the major life activity? Click or tap here to enter text. |

[ ]  Yes, Substantial [ ]  No, Moderate [ ]  No, Mild

**IDENTIFICATION**

* If ***all three*** questions were answered “Yes”, the student is a student with a disability under Section 504.

Date: Click or tap here to enter text.

Student Name: Click or tap here to enter text. Student ID#: Click or tap here to enter text.

**DETERMINATION**

|  |
| --- |
| **The Section 504 Committee’s analysis of the identification criteria as applied to the evaluation data indicates the following:** |
|[ ]  The student **cannot** be identified as an individual with a disability under Section 504 because the data does not establish the existence of a physical or mental impairment. |
|[ ]  The student **cannot** be identified as an individual with a disability under Section 504 because the student’s physical or mental impairment **does not substantially limit** the student in a major life activity even when **disregarding the positive effects of mitigating measures** that lessen the impact of the impairment.  |
|[ ]  The student has or continues to have, a physical or mental impairment that substantially limits the student’s performance of a major life activity; and therefore is an identified individual with a disability. The impairment is:[ ]  Active [ ]  Episodic [ ]  In remissionThe Section 504 Committee will determine the type of accommodation plan necessary to meet his/her individual educational needs as adequately as the needs of nondisabled students are met.  |
|[ ]  The student may have a physical or mental impairment that substantially limits learning, or another major life activity in such a way that the student **may require** the provision of special education (i.e., specially designed instruction). Therefore, the student will be referred for a full individual evaluation to determine eligibility for special education services under the Individuals with Disabilities Education Act (IDEA).[ ]  For an Initial Section 504 meeting, pending the determination of the student’s eligibility for special education services, the student will continue to receive MLSS interventions in general education. [ ]  For a review Section 504 meeting, the Section 504 Plan previously in place will remain in effect pending the determination of the student’s eligibility for special education services. |
|[ ]  The student is no longer eligible as a student with a disability under Section 504. The student will receive general education services without the support of Section 504.  |

**NEED FOR ACCOMMODATIONS:**

|  |
| --- |
| **Based on the evaluation data and the determination of Section 504 eligibility, the Section 504 committee has determined the student does have a physical or mental impairment that substantially limits a major life activity and** |
|[ ]  **requires** accommodations and /or services through a Section 504 plan |
|[ ]  at this time, **does not require** accommodations and/or services through a Section 504 Plan due to [ ]  Physical /mental impairment being in remission.[ ]  Positive effects of mitigating measures currently in use.  |

Date: Click or tap here to enter text.

Student Name: Click or tap here to enter text. Student ID#: Click or tap here to enter text.

ADDITIONAL INFORMATION AND NOTES:

Click or tap here to enter text.

Click or tap here to enter text.

Name and title of person recording notes

Date: Click or tap here to enter text.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature