

Form D

Division of Student Support Services

SECTION 504 TEAM EVALUATION MEETING

Date _____ Time _____

PARTICIPANTS: _____

STUDENT: _____ ID# _____

PARENT/GUARDIAN:

ADDRESS:

PHONE _____ DATE OF BIRTH _____

AGE _____ GRADE _____

I. REASON FOR REFERRAL _____

II. TEACHER OBSERVATION _____

III. ACHIEVEMENT DATA:

A. TEST SCORES (Attach test scores) _____

B. CURRENT GRADES _____

IV. INTERVENTIONS-CLASSROOM _____

V. HEALTH
VISION HEARING
A. Student Performance

Screening Date		
Screening Results		

B. Health Condition: Is there a health condition that adversely affects the student's learning?

VI. ATTENDANCE RECORD

A. SECTION 504 CRITERIA

Meets Section 504 criteria if answer is YES to question #1, #2, and #3

Does NOT meet Section 504 criteria if answer is NO to any of the three questions.

Question 1: Does the student have a potentially limiting mental or physical disability? _____

Question 2: Does the student's disability impair a major life activity?

Question 3: Is the degree of impairment substantial?

STATEMENT/504 TEAM RESPONSE: _____

PARENT NOTIFICATION/RIGHTS:

_____ I was notified of the Section 504 Evaluation Meetings (Form B attached)

_____ I received the Parent/Guardian Student Rights under Section 504 information sheet (Form C attached)

Parents/Guardian Signature: _____

Date: _____

SECTION 504 TEAM EVALUATION -- DECISION

_____ A Section 504 Plan was deemed appropriate to serve the needs of your child (Attached copy of Section 504 Plan).

_____ It was determined that the criteria for a Section 504 Plan was not met at this time.

_____ After reevaluating the criteria, it was determined that a Section 504 Plan is no longer needed.

SIGNATURES OF TEAM MEMBERS:

Name/Title

Name/Title

Name/Title

Name/Title

Name/Title

Name/Title

Date: _____

SIGNATURE OF PARENT/GUARDIAN:

_____ I agree with the decision of the Section 504 Team

_____ I disagree with the decision of the Section 504 Team *

Parent/Guardian

Date

*** If you do not agree with this decision, you may appeal in writing within five days to the School Section 504 designee. If your appeal is not resolved, you may file a complaint with the District Section 504 Designee.**