SECTION 504 SUMMARY EVALUATION REPORT

Personal Information:

Student Name: _____ DOB: _____

Sex: M ( ) F ( ) Grade: _____ School: _____ ID#:_____

Student Address: _____ City: _____ Zip Code: _____

Parent Name: _____ Phone: (home) _____
(work) _____
(cell) _____

The team met on _____ (date).

Conference Type: Initial _____ Case Review _____ Re-Evaluation _____
Conference Date:_____

Sources of Information Considered in Determining Eligibility:

_____ Parent Recommendation
_____ Educational Evaluation/Performance
_____ Teacher Observation/Recommendation
_____ Ineligibility for Services under IDEIA
_____ Physician Diagnosis
_____ Major Health Problem
_____ Behavioral Evaluation/Performance
_____ Other _____

Summary of data and evaluation information that was presented _____
_____
_____

Committee Determinations:

1. The student has a physical or mental impairment. _____ Yes _____ No
   *See attached documentation of medical condition.

- ☐ Asthma
- ☐ Attention Deficit Disorder/ADHD
- ☐ Brain Injury
- ☐ Cancer
- ☐ Cerebral Palsy
- ☐ Developmental Aphasia
- ☐ Diabetes
- ☐ Dyslexia
- ☐ Emergent Allergy
- ☐ Emotional Illness
- ☐ Epilepsy
- ☐ Hearing Impairment
- ☐ Heart Disease
- ☐ Minimal Brain Dysfunction
- ☐ Multiple Sclerosis
- ☐ Muscular Dystrophy
- ☐ Orthopedic Impairment
- ☐ Recovering Chemically Dependent
- ☐ Seizures
- ☐ Speech Impairment
- ☐ Visual Impairment
- ☐ Other: _____

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List attached sources of documentation:

_____
_____
_____
_____

2. If student has a physical or mental impairment in #1 above, does the impairment result in a substantial limitation of one or more major life activity(ies)? _____ Yes _____ No

   List attached sources of documentation related to extent of limitation or lack of limitation for each condition identified in Section 1:

   _____
   _____
   _____

   Summarize the impairment for each condition identified in Section 1 in relation to the average student:

   _____
   _____
   _____

3. Identify any major life activities or major bodily functions that are substantially limited.

   a. Circle any major life activities that are substantially limited:

Bending	Reading
Breathing	Seeing
Caring for one's self	Sleeping
Communicating	Speaking
Concentrating	Standing
Eating	Thinking
Hearing	Walking
Learning	Working
Lifting	Other: _____
Performing manual tasks	

   b. Circle any major bodily functions that are substantially limited:

Bladder	Neurological System
Bowel	Normal Cell Growth
Brain	Respiratory System
Circulatory/Cardiovascular System	Reproduction
Digestive System	Other: _____
Endocrine System	
Immune System	

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Determination:

☐ The student is eligible under Section 504/ADA as a person with a disability for the following conditions.

_____
_____

Does this student need regular or special education and related aids and services, including but not limited to, accommodations/modifications/interventions?

☐ No
Explain: _____

_____

☐ Yes
Indicate the type of plan to be written: _____
Note: If specially designed/special education is required, follow IDEA procedures

☐ The student is not eligible under Section 504/ADA as a person with a disability.
Does this student nevertheless need accommodations/modifications/interventions?

☐ No
Explain: _____

_____

☐ Yes
Indicate the type of plan to be written: _____

Recommendations:

_____ A Section 504 Plan is recommended and attached.
_____ The student does not have a physical or mental impairment that substantially limits a major life activity and is not eligible for a Section 504 Plan.
_____ The student has an impairment that substantially limits a major life activity, but does not require a Section 504 Plan.
_____ Other _____.

Review Date: _____

504 Team:

Principal _____ Parent(s)/Guardian _____
Teacher _____ Nurse _____
Counselor _____ Psychologist _____
Other _____ Other _____

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Acknowledgment:

I received a copy of the Notice of Section 504/ADA Procedural Information and Rights for the current year.

____ I agree with the IAT's recommendations as stated above.
____ I disagree with the IAT's recommendations as stated above. (Please attach a sheet outlining those areas of the recommendations with which you disagree.)

Parent/Guardian Signature _____ Date _____

For Office Use Only
Copies to: __ Corporation 504 Coordinator __ School Counselor/Corporation Health Coordinator
__ Parent(s) __ Files __ Building Administrator

5/1/12

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