

Date _____

Time _____

Participants:

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

VI. DISCIPLINE & ATTENDANCE RECORD _____

VII. OTHER (i.e. involvement of other agencies, past 504 plans or IEPs, behavior plans, etc.)

VIII. SECTION 504 CRITERIA

Meets Section 504 criteria if answer is YES to all three questions below. 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? Yes No

Question 2: Does the student's disability impair a major life activity? Yes No

Question 3: Is the degree of impairment substantial? Yes No

PARENT STATEMENT/504 TEAM RESPONSE _____

PARENT NOTIFICATION/RIGHTS:

_____ I was notified of the Section 504 Evaluation Meeting.

_____ I received the Parent/Guardian Student Rights under Section 504 information sheet.

Parent/Guardian Signature _____ Date _____

SECTION 504 TEAM EVALUATION – DECISION

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

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

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 Signature _____ Date _____

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