

Oroville Union High School District

Section 504 Evaluation

CONFIDENTIAL

Instructions: A Section 504 evaluation is to be conducted by the Section 504 school-based team for non-special education students who may have disability and be eligible for accommodations under Section 504 of the Rehabilitation Act of 1973, which prohibits discrimination on the basis of disability. The eligibility decisions must be based on information from a variety of sources, such as teacher reports, reports of physical or mental condition, observations, adaptive behavior, and aptitude and achievement testing. The Section 504 school-based team must be comprised of persons knowledgeable about the student, the meaning of the evaluation data and placement/accommodations options.

Purpose of Meeting: ___ Initial Evaluation ___ Review/Dismissal

Student Name: _____ **Grade:** ___ **Date:** _____

School: _____ **Date of birth:** _____

Case Manager: _____

Reason for Evaluation: _____

Data Reviewed: In determining eligibility, the Section 504 school-based team will review various sources of available information (indicated below).

___ Aptitude/achievement tests	___ Health Records	___ IEP Team Evaluations
___ Report Cards	___ Educational Records	___ Information from Parents
___ Teacher Reports	___ Medical Reports	___ Observations
___ Psychological Reports	___ Student Attendance	___ Developmental Records
___ Other (Specify)	_____	

Determination of a Physical or Mental Impairment (According to Section 504, a student must have a physical or mental impairment that substantially limits a major life activity)

Check all that apply:

PHYSICAL IMPAIRMENT: The student has a ___ NO physical impairment ___ a physical impairment or condition ___ a cosmetic disfigurement ___ an anatomical loss.

If the impairment is physical, what body system is affected:

neurological musculoskeletal special sense organs respiratory, including speech organs
 cardiovascular digestive genito-urinary hemic and lymphatic skin endocrine

Specify the impairment: _____

Medical Documentation provided by: _____

MENTAL IMPAIRMENT: The student has NO Mental Impairment organic brain syndrome

emotional or mental illness SPECIFY: _____

Medical Documentation Provided by: _____

Major Life Activity/Activities Affected by the Impairment Check all that apply:

If the student has been found to have either a physical or a mental impairment, check all the major life activities affected by the impairment:

learning caring for oneself performing manual tasks walking seeing hearing
 speaking breathing working standing lifting bending concentrating thinking
 communicating NO major life activity is affected at this time.

Supporting Documentation Provided by: _____

Substantial Limitation

To find that a student who has a physical or mental impairment that affects a major life activity is eligible for services under Section 504, the school based team must find that the impairment “substantially limits” a major life activity. Section 504 requires that the team compare the student’s performance on a major life activity to that of the average student in the general population. The student must be restricted as to the condition, manner, or duration under which he/she can perform a particular life activity as compared to the average student in the general population.

1. Is the student able to access educational programs and activities without accommodation?
 Yes No
2. Is the student unable to perform the life activity identified above? Yes No
3. Is the student restricted as to the condition, manner or duration under which he/she can perform the major life activity identified above? Yes No
4. Explain rationale

Eligibility and Follow-Up

___ The student is found eligible for a Section 504 Accommodation Plan to help meet their needs.

___ The student is NOT found eligible under Section 504 and the team makes recommendations to assist the student in other ways.

___ The student DOES NOT CONTINUE to meet eligibility for Section 504 accommodations. The 504 plan is removed. The team makes recommendations to assist the student in other ways.

Recommended Accommodations:

1.

2.

3.

4.

5.

6.

Participating Members:

Name:

Title:

Written parental consent prior to implementing a 504 Accommodation plan must be received. I have received a copy of the Section 504 Parents Rights and Safeguards. I agree with the accommodation plan as identified above.

Name and Date

*Upon completion, send copies to district 504 coordinator, retain copy for case manager, send copies to all teachers.