

**GOVERNOR WENTWORTH REGIONAL SCHOOL DISTRICT – SAU 49
P.O.BOX 190, WOLFEBORO FALLS, NEW HAMPSHIRE 03896**

SECTION 504 MANIFESTATION DETERMINATION CHECKLIST

Student's Name: _____ Date of Meeting _____

1. The 504 Team meeting for Manifestation Determination must be held within 10 school days of any decision to change the placement of a child with a 504 disability because of a violation of a student code of conduct. A "change of placement" generally means:
 - A. A disciplinary removal from school for more than 10 consecutive school days; or
 - B. A series of removals totaling more than 10 school days in a school year that constitutes a pattern because the behavior is substantially similar to the previous incidents that resulted in removals, and because of additional factors such as length of each removal, the total removal time, and proximity of removals.
2. The Manifestation Determination must be made by relevant members of the student's 504 Team, including the parent/guardian, and not only by school staff. At the Team meeting, the Team must review all relevant information in the student's file, including the child's 504 Plan, any teacher observations and any relevant information provided by the parents.
3. The 504 Team will answer the following questions:
 - A. Was the conduct in question caused by, or did it have a direct and substantial relationship to, the child's disability?
☐ YES ☐ NO
 - B. Was the conduct in question the direct result of the district's failure to implement the 504 Plan?
☐ YES ☐ NOIf the answer to either of these two questions is yes, then the behavior in question should be considered a manifestation of the student's disability.
4. If the 504 Team determines that the misconduct is a manifestation of the student's disability, then the Team should determine how to address the student misbehavior, and should consider a possible functional behavior assessment and possible development of a behavior intervention plan for the student. In addition, the Team must decide on the student future placement, and ensure that the student continues to receive a free appropriate public education.
5. If the Team determines that the misconduct is not a manifestation of the student's disability, then the district may use the regular disciplinary procedures applicable to students without disabilities and in the same manner. The district need not provide educational services to the student if he or she is suspended or expelled for misbehavior that is not a manifestation of the child's disability.
6. **Special Rule for Drug and Alcohol Violations**
If a Section 504 student is found 1) to be currently engaging in the illegal use of drugs or alcohol, and 2) to have violated school policies, rules or a code of conduct about the use or possession of drugs or alcohol, then the district may take disciplinary action against that student to the same extent and degree as the district would undertake for students who are not disabled. The district is not required to have a prior 504 Team meeting, need not determine if the use or possession is related to the student's disability, and need not provide any alternative services during any removal that may be ordered for the use or possession violation, as long as such a consequence is consistent with the policy for non-disabled students. [29 U.S.C § 705(20)(C)(iv)]

GOVERNOR WENTWORTH REGIONAL SCHOOL DISTRICT - SAU 49

P.O. BOX 190, Wolfeboro Falls, NH 03896-0190

Section 504 – Referral Form

Student's Name: _____ D.O.B.: _____

School: _____ Date of Referral: _____

Teacher: _____ Grade: _____

Parent(s) Name: _____ Parent(s) Phone: _____

Address: _____

Referred by: _____

1. What specific areas of concern do you have?

2. Do you have a specific question you would like answered?

3. What has been tried by you or others to manage this problem?

4. List any previous evaluations that have been done within 1 year:

Test (or Evaluator)	Date	Subject	Grade Level Results
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. Pertinent Medical Information (if appropriate):

Physician: _____

Address: _____

Telephone: _____

6. Present Level of Performance (Include strengths & weaknesses):

7. Services now being received:

_____ Title I

_____ Reading

_____ Guidance

_____ Speech/Language

_____ Occupational Therapy

_____ Other

8. List how parent was informed of this referral:

Date parent informed: _____

Return form to School Principal.

GOVERNOR WENTWORTH REGIONAL SCHOOL DISTRICT - SAU 49
P.O. Box 190, Wolfeboro Falls, NH 03896-0190

SECTION 504 PERMISSION TO DISCLOSURE INFORMATION

Date:

Dear _____,

The Governor Wentworth Regional School District is reviewing information on _____ in order to determine if this individual is qualified under Section 504 of the Rehabilitation Act of 1973 and the ADA Amendments Act of 2008.

The Team is reviewing any information which may assist in the determination of eligibility. We are interested in obtaining medical, health, or other information which will aid in this decision.

Please complete this form and return it to the building administrator at the address above as soon as possible. If you have any questions, please do not hesitate to call.

Sincerely,

Principal

Telephone

Physician/Clinic/Agency	Address	Telephone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I do _____ or do not _____ give my permission to disclose information to the Governor Wentworth Regional School District.

Parent/Guardian

Date

Return form to school principal

GOVERNOR WENTWORTH REGIONAL SCHOOL DISTRICT - SAU 49
P.O. Box 190, Wolfeboro Falls, NH 03896-0190

SECTION 504 MEETING NOTIFICATION FORM

Date:

To:

Re:

The _____ School 504 Review Team is meeting on _____
at _____ in the Principal's Office. The purpose of the meeting is to:

- Determine eligibility for accommodation and modifications under Section 504 of the Rehabilitation Act of 1973 and the ADA Amendments Act of 2008.
- Review current 504 Accommodation Plan
- Plan for evaluation or re-evaluation of disability as required by Section 504
- Determine Behavior Manifestations

If you are unable to attend this meeting, please notify the school office at _____ and we will make every effort to schedule an alternative time.

Sincerely,

Principal

GOVERNOR WENTWORTH REGIONAL SCHOOL DISTRICT - SAU 49
P.O. Box 190, Wolfeboro Falls, NH 03896-0190

SECTION 504 RECEIPT OF RIGHTS

I have received a copy of my Parental Rights protected by Section 504 and have been given the opportunity to have these rights explained to me if I requested.

_____ Signature of Parent/Guardian	_____ Date
_____ Signature of Parent/Guardian	_____ Date
_____ Signature of Parent/Guardian	_____ Date
_____ Signature of Parent/Guardian	_____ Date
_____ Signature of Parent/Guardian	_____ Date
_____ Signature of Parent/Guardian	_____ Date
_____ Signature of Parent/Guardian	_____ Date
_____ Signature of Parent/Guardian	_____ Date
_____ Signature of Parent/Guardian	_____ Date

GOVERNOR WENTWORTH REGIONAL SCHOOL DISTRICT - SAU 49
P.O. Box 190, Wolfeboro Falls, NH 03896-0190
SECTION 504 PLAN

SECTION 504 PLAN

Student's Name:	DOB:	Grade:
Functional limitations of impairment:		
Parent(s)/Guardian(s):		
School:		
School Contact Person:	Position:	
Date of meeting at which Plan was developed:		

A. Team Members (Check the categories that apply to each Team member below)

NAME/POSITION:	KNOWLEDGEABLE ABOUT:		
	<input type="checkbox"/> Child	<input type="checkbox"/> Meaning of Evaluation Data	<input type="checkbox"/> Accommodations/Placement Options
	<input type="checkbox"/> Child	<input type="checkbox"/> Meaning of Evaluation Data	<input type="checkbox"/> Accommodations/Placement Options
	<input type="checkbox"/> Child	<input type="checkbox"/> Meaning of Evaluation Data	<input type="checkbox"/> Accommodations/Placement Options
	<input type="checkbox"/> Child	<input type="checkbox"/> Meaning of Evaluation Data	<input type="checkbox"/> Accommodations/Placement Options

B. Accommodations/Related Aids and Services

Note: After eligibility has been determined, the Team should consider the student's current functional limitations with consideration of the use of mitigating measures in developing the 504 Plan. All accommodations or related aids and services should be directly linked to the student's disability and should be measures that are unique to and necessary for the student to benefit from the program.

The Team believes that the following accommodations or related aids and services are necessary for the student to access and benefit from his or her educational program :

THE SCHOOL WILL: (state action and person responsible)	THE PARENT(S) WILL:	THE STUDENT WILL:
a.	a.	a.
b.	b.	b.
c.	c.	c.
d.	d.	d.
e.	e.	e.

PARTICIPATION IN ASSESSMENTS:		
<input type="checkbox"/> No accommodations	<input type="checkbox"/> With accommodations	Specify assessment accommodations:

Distribution List: ☐ Teachers ☐ Nurse ☐ Extracurricular Staff ☐ Others

Recall that students with a past "record" of a disability may occasionally need an accommodation such as time away from school for a check up on their former condition.

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GOVERNOR WENTWORTH REGIONAL SCHOOL DISTRICT - SAU 49
P.O. Box 190, Wolfeboro Falls, NH 03896-0190
SECTION 504 ELIGIBILITY DETERMINATION FORM [Short Form]

SECTION 504 ELIGIBILITY DETERMINATION FORM [Short Form]

Student's Name: _____	DOB: _____	Age: _____
School: _____	Grade: _____	
Parent/Guardian: _____		
Case Manager/Contact Person: _____	Position: _____	Date of Meeting: _____

A. Purpose of Meeting

- ☐ Determine initial eligibility under Section 504 and consider eligibility for accommodations/related aids or services.
- ☐ Review eligibility under Section 504
- ☐ Review eligibility and accommodations/related aids or services before significant change in placement.

B. 504 Eligibility Team Members: (check the categories that apply to each team member below)

NAME/POSITION:	KNOWLEDGEABLE ABOUT:		
_____	<input type="checkbox"/> Child	<input type="checkbox"/> Meaning of Evaluation Data	<input type="checkbox"/> Accommodations/Placement Options
_____	<input type="checkbox"/> Child	<input type="checkbox"/> Meaning of Evaluation Data	<input type="checkbox"/> Accommodations/Placement Options
_____	<input type="checkbox"/> Child	<input type="checkbox"/> Meaning of Evaluation Data	<input type="checkbox"/> Accommodations/Placement Options
_____	<input type="checkbox"/> Child	<input type="checkbox"/> Meaning of Evaluation Data	<input type="checkbox"/> Accommodations/Placement Options

C. Sources of Evaluation Information:

- | | |
|--|---|
| <input type="checkbox"/> School records review _____ | <input type="checkbox"/> Observations of student _____ |
| <input type="checkbox"/> Grades and report card review _____ | <input type="checkbox"/> Teacher reports _____ |
| <input type="checkbox"/> Parent and/or student report _____ | <input type="checkbox"/> Checklists, rating scales _____ |
| <input type="checkbox"/> Response to intervention _____ | <input type="checkbox"/> Functional Behavioral Assessment (FBA) _____ |
| <input type="checkbox"/> Medical/health information _____ | <input type="checkbox"/> Nursing Assessment _____ |
| <input type="checkbox"/> Standardized testing _____ | <input type="checkbox"/> Parent/student interviews _____ |
| <input type="checkbox"/> Other: _____ | |

D. Eligibility Criteria:

1. The student has a mental or physical impairment (specify the nature of the impairment):¹

and

2. The impairment substantially limits one or more of the following major life activities (check all that apply):

- | | | | |
|-----------------------------------|--|---|--|
| <input type="checkbox"/> seeing | <input type="checkbox"/> hearing | <input type="checkbox"/> caring for oneself | <input type="checkbox"/> breathing |
| <input type="checkbox"/> walking | <input type="checkbox"/> learning | <input type="checkbox"/> working | <input type="checkbox"/> eating |
| <input type="checkbox"/> sleeping | <input type="checkbox"/> standing | <input type="checkbox"/> lifting | <input type="checkbox"/> bending |
| <input type="checkbox"/> reading | <input type="checkbox"/> concentrating | <input type="checkbox"/> thinking | <input type="checkbox"/> communicating |
| <input type="checkbox"/> speaking | <input type="checkbox"/> performing manual tasks | <input type="checkbox"/> operation of a major bodily function | |
| <input type="checkbox"/> sitting | <input type="checkbox"/> reaching | <input type="checkbox"/> interacting with others | <input type="checkbox"/> other _____ |

¹ The 504 Team does not itself diagnose the student

The term "substantially limits" means that the student is

(a) UNABLE to perform a major life activity that the average person in the general population can perform; or

(b) SUBSTANTIALLY RESTRICTED as to the condition, manner or duration under which a particular life activity is performed

when compared to most students in the general population at that age or grade level (*compared to national norms*).

E. Eligibility Determinations:

- ☐ The student does NOT have a physical or mental impairment and/or any identified impairment does not substantially limit a major life activity. Therefore, the student is NOT eligible for a Section 504 plan. The parent must be provided with a copy of procedural safeguards.
- ☐ The student DOES HAVE a physical or mental impairment that substantially limits a major life activity
- ☐ The student requires accommodations/related aids or services in a 504 plan.
- ☐ The student does not require accommodations/related aids or services in a 504 plan at this time

Recall that students with a past "record" of a disability may occasionally need an accommodation such as time away from school for a check up on their former condition.

GOVERNOR WENTWORTH REGIONAL SCHOOL DISTRICT - SAU 49
P.O. Box 190, Wolfeboro Falls, NH 03896-0190
SECTION 504 ELIGIBILITY DETERMINATION FORM [Long Form]

SECTION 504 ELIGIBILITY DETERMINATION FORM [Long Form]

Student's Name: _____	DOB: _____	Age: _____
School: _____	Grade: _____	
Parent/Guardian: _____		
Case Manager/Contact Person: _____	Position: _____	Date of Meeting: _____

A. Purpose of Meeting

- ☐ Determine initial eligibility under Section 504 and consider need for accommodations/related aids or services.
- ☐ Review eligibility under Section 504
- ☐ Review eligibility and accommodations/related aids or services before significant change in placement. (complete sections A, B, D, F and G only).

B. 504 Eligibility Team Members: (check the categories that apply to each team member below)

NAME/POSITION:	KNOWLEDGEABLE ABOUT:		
	<input type="checkbox"/> Child	<input type="checkbox"/> Meaning of Evaluation Data	<input type="checkbox"/> Accommodations/Placement Options
	<input type="checkbox"/> Child	<input type="checkbox"/> Meaning of Evaluation Data	<input type="checkbox"/> Accommodations/Placement Options
	<input type="checkbox"/> Child	<input type="checkbox"/> Meaning of Evaluation Data	<input type="checkbox"/> Accommodations/Placement Options
	<input type="checkbox"/> Child	<input type="checkbox"/> Meaning of Evaluation Data	<input type="checkbox"/> Accommodations/Placement Options

C. Review student's current academic status and educational performance. Include and attach referral information if this is an initial referral. (Describe nature of concern.) _____

D. Eligibility Determination:

Individuals considered eligible for protection from discrimination under Section 504 are those who have a physical or mental impairment which substantially limits a major life activity. To make the determination of "disability" under Section 504, both conditions must be present.

1. What source of information is available to make this determination? Check all that apply (include relevant dates and names of evaluators, where appropriate):

- | | |
|---|---|
| <input type="checkbox"/> School records review (dated) _____ | <input type="checkbox"/> Observations of student (dated) _____ |
| <input type="checkbox"/> Grades and report card review (dated) _____ | <input type="checkbox"/> Teacher reports (dated) _____ |
| <input type="checkbox"/> Parent and/or student report (dated) _____ | <input type="checkbox"/> Checklists, rating scales (dated) _____ |
| <input type="checkbox"/> Medical/health information (dated) _____ | <input type="checkbox"/> Nursing Assessment (dated) _____ |
| <input type="checkbox"/> Standardized testing (dated) _____ | <input type="checkbox"/> Parent/student interviews (dated) _____ |
| <input type="checkbox"/> Functional Behavioral Assessment (FBA) (dated) _____ | <input type="checkbox"/> Response to intervention (RTI) (dated) _____ |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Informal assessments (dated) _____ |

2. Is information available to make the determination of the presence of a physical or mental impairment that substantially limits a major life activity?

- ☐ Yes If "Yes", continue to number 3 below.
- ☐ No If "NO", specify the type of additional information that is needed: _____

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- > If the information to be obtained includes testing, obtain parent consent on Consent for Section 504 Testing Form. If it is necessary to communicate with outside providers, obtain a release. Once needed information is gathered, reconvene a 504 Team meeting and continue the process of determining eligibility.
- 3 Does the student have a physical or mental impairment?
A "physical or mental impairment" means a) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal, special sense organs, respiratory, including speech organs, cardiovascular, reproductive, digestive, genitourinary, hemic and lymphatic, skin, and endocrine or b) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.
- ☐ YES ☐ NO
- If "**NO**": If no physical or mental impairment exists, the student is not identified as an individual with a disability. Go to **Section G** on page 5 of this form.
- If "**Yes**": What is the impairment (if known)?¹(As recognized in DSM-IV or other respected source, if not excluded under Section 504/ADA, e.g., illegal drug use)___
- > Attach all supporting documentation to this form. A statement of "YES" without supporting documentation is insufficient to meet this standard.
- > If the Team determines that the student is identified as having a physical or mental impairment, continue to section 4 below to determine whether there is a substantial limitation of a major life activity.

- 4 Does the identified impairment substantially limit a major life activity?
In order to meet this standard, the student **must be unable to perform a major life activity** that the student's average peers can perform (compared to national norms, not local norms) **OR**, the student **must be restricted to a substantial degree** as to the condition, manner, or duration under which the major life activity when compared to most students at that grade level in the general population (compared to national norms, not local norms).

Use the chart below to determine the presence of a substantial limitation. First, identify the major life activity affected. Second, determine whether the student is unable to perform the major life activity OR whether there is a restriction of condition, manner or duration. Finally, if there is a restriction, determine the severity of the restriction.

Check the major life activity(ies) affected by the impairment(s):

- | | | | |
|-----------------------------------|--|---|--|
| <input type="checkbox"/> seeing | <input type="checkbox"/> hearing | <input type="checkbox"/> caring for oneself | <input type="checkbox"/> breathing |
| <input type="checkbox"/> walking | <input type="checkbox"/> learning | <input type="checkbox"/> working | <input type="checkbox"/> eating |
| <input type="checkbox"/> sleeping | <input type="checkbox"/> standing | <input type="checkbox"/> lifting | <input type="checkbox"/> bending |
| <input type="checkbox"/> reading | <input type="checkbox"/> concentrating | <input type="checkbox"/> thinking | <input type="checkbox"/> communicating |
| <input type="checkbox"/> speaking | <input type="checkbox"/> performing manual tasks | <input type="checkbox"/> operation of a major bodily function | |
| <input type="checkbox"/> sitting | <input type="checkbox"/> reaching | <input type="checkbox"/> interacting with others | <input type="checkbox"/> other |

- > Rate the severity and impact of the impairment(s) only on those major life activities checked above:
NOTE: Severity ratings of 3 and above are considered to be reflective of "substantial" limitation. Consider the nature, severity, duration or expected duration of the impairment, and the permanent or long-term impact resulting from the impairment. The ameliorative effects of mitigating measures, such as the use of medications, personal devices such as hearing aids, learned behavioral or adaptive neurological modifications or reasonable accommodations may not be considered at this stage of the analysis, other than the use of eyeglasses or contact lenses. Conditions that are in remission or episodic in nature qualify as disabilities if substantially limiting in their active state.

¹ The 504 Team does not itself diagnose the student

Place an "X" on the following scale to indicate the specific degree that the impairment(s) (in #3) limits each of the major life activities checked above:

Major Life Activity	Ability to Perform a Major Life Activity <i>Mark "No" if the student is <u>unable</u> to perform this major life activity. No further rating required.</i>	OR	Restriction of Condition, Manner, or Duration of Performing a Major Life Activity <i>To what degree is the student restricted as to the condition, manner, or duration under which the major life activity is performed in comparison to the average person in the general population.</i>	Based on the review: Is there <i>at least</i> a substantial limitation?
Caring for oneself	<input type="checkbox"/> YES <input type="checkbox"/> NO	OR	<div>Mild Moderate Substantial Severe</div> <div><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4</div>	<input type="checkbox"/> YES <input type="checkbox"/> NO
Performing Manual Tasks	<input type="checkbox"/> YES <input type="checkbox"/> NO	OR	<div>Mild Moderate Substantial Severe</div> <div><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4</div>	<input type="checkbox"/> YES <input type="checkbox"/> NO
Seeing	<input type="checkbox"/> YES <input type="checkbox"/> NO	OR	<div>Mild Moderate Substantial Severe</div> <div><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4</div>	<input type="checkbox"/> YES <input type="checkbox"/> NO
Hearing	<input type="checkbox"/> YES <input type="checkbox"/> NO	OR	<div>Mild Moderate Substantial Severe</div> <div><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4</div>	<input type="checkbox"/> YES <input type="checkbox"/> NO
Eating	<input type="checkbox"/> YES <input type="checkbox"/> NO	OR	<div>Mild Moderate Substantial Severe</div> <div><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4</div>	<input type="checkbox"/> YES <input type="checkbox"/> NO
Sleeping	<input type="checkbox"/> YES <input type="checkbox"/> NO	OR	<div>Mild Moderate Substantial Severe</div> <div><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4</div>	<input type="checkbox"/> YES <input type="checkbox"/> NO
Walking	<input type="checkbox"/> YES <input type="checkbox"/> NO	OR	<div>Mild Moderate Substantial Severe</div> <div><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4</div>	<input type="checkbox"/> YES <input type="checkbox"/> NO
Standing	<input type="checkbox"/> YES <input type="checkbox"/> NO	OR	<div>Mild Moderate Substantial Severe</div> <div><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4</div>	<input type="checkbox"/> YES <input type="checkbox"/> NO
Sitting	<input type="checkbox"/> YES <input type="checkbox"/> NO	OR	<div>Mild Moderate Substantial Severe</div> <div><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4</div>	<input type="checkbox"/> YES <input type="checkbox"/> NO
Lifting	<input type="checkbox"/> YES <input type="checkbox"/> NO	OR	<div>Mild Moderate Substantial Severe</div> <div><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4</div>	<input type="checkbox"/> YES <input type="checkbox"/> NO
Reaching	<input type="checkbox"/> YES <input type="checkbox"/> NO	OR	<div>Mild Moderate Substantial Severe</div> <div><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4</div>	<input type="checkbox"/> YES <input type="checkbox"/> NO
Bending	<input type="checkbox"/> YES <input type="checkbox"/> NO	OR	<div>Mild Moderate Substantial Severe</div> <div><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4</div>	<input type="checkbox"/> YES <input type="checkbox"/> NO
Speaking	<input type="checkbox"/> YES <input type="checkbox"/> NO	OR	<div>Mild Moderate Substantial Severe</div> <div><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4</div>	<input type="checkbox"/> YES <input type="checkbox"/> NO
Breathing	<input type="checkbox"/> YES <input type="checkbox"/> NO	OR	<div>Mild Moderate Substantial Severe</div> <div><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4</div>	<input type="checkbox"/> YES <input type="checkbox"/> NO
Learning	<input type="checkbox"/> YES <input type="checkbox"/> NO	OR	<div>Mild Moderate Substantial Severe</div> <div><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4</div>	<input type="checkbox"/> YES <input type="checkbox"/> NO

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Major Life Activity	Ability to Perform a Major Life Activity <small>Mark "No" if the student is <u>unable</u> to perform this major life activity. No further rating required.</small>	OR	Restriction of Condition, Manner, or Duration of Performing a Major Life Activity <small>To what degree is the student restricted as to the condition, manner, or duration under which the major life activity is performed in comparison to the average person in the general population.</small>	Based on the review: Is there <i>at least</i> a substantial limitation?												
Reading	<input type="checkbox"/> YES <input type="checkbox"/> NO	OR	<table border="0"> <tr> <td>Mild</td> <td>Moderate</td> <td>Substantial</td> <td>Severe</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> </table>	Mild	Moderate	Substantial	Severe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	<input type="checkbox"/> YES <input type="checkbox"/> NO
Mild	Moderate	Substantial	Severe													
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>													
1	2	3	4													
Concentration	<input type="checkbox"/> YES <input type="checkbox"/> NO	OR	<table border="0"> <tr> <td>Mild</td> <td>Moderate</td> <td>Substantial</td> <td>Severe</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> </table>	Mild	Moderate	Substantial	Severe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	<input type="checkbox"/> YES <input type="checkbox"/> NO
Mild	Moderate	Substantial	Severe													
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>													
1	2	3	4													
Thinking	<input type="checkbox"/> YES <input type="checkbox"/> NO	OR	<table border="0"> <tr> <td>Mild</td> <td>Moderate</td> <td>Substantial</td> <td>Severe</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> </table>	Mild	Moderate	Substantial	Severe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	<input type="checkbox"/> YES <input type="checkbox"/> NO
Mild	Moderate	Substantial	Severe													
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>													
1	2	3	4													
Communicating	<input type="checkbox"/> YES <input type="checkbox"/> NO	OR	<table border="0"> <tr> <td>Mild</td> <td>Moderate</td> <td>Substantial</td> <td>Severe</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> </table>	Mild	Moderate	Substantial	Severe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	<input type="checkbox"/> YES <input type="checkbox"/> NO
Mild	Moderate	Substantial	Severe													
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>													
1	2	3	4													
Working	<input type="checkbox"/> YES <input type="checkbox"/> NO	OR	<table border="0"> <tr> <td>Mild</td> <td>Moderate</td> <td>Substantial</td> <td>Severe</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> </table>	Mild	Moderate	Substantial	Severe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	<input type="checkbox"/> YES <input type="checkbox"/> NO
Mild	Moderate	Substantial	Severe													
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Operation of a major bodily function	<input type="checkbox"/> YES <input type="checkbox"/> NO	OR	<table border="0"> <tr> <td>Mild</td> <td>Moderate</td> <td>Substantial</td> <td>Severe</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> </table>	Mild	Moderate	Substantial	Severe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Interacting with others	<input type="checkbox"/> YES <input type="checkbox"/> NO	OR	<table border="0"> <tr> <td>Mild</td> <td>Moderate</td> <td>Substantial</td> <td>Severe</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> </table>	Mild	Moderate	Substantial	Severe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Other (Identify)	<input type="checkbox"/> YES <input type="checkbox"/> NO	OR	<table border="0"> <tr> <td>Mild</td> <td>Moderate</td> <td>Substantial</td> <td>Severe</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> </table>	Mild	Moderate	Substantial	Severe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	<input type="checkbox"/> YES <input type="checkbox"/> NO
Mild	Moderate	Substantial	Severe													
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>													
1	2	3	4													

☐ The team's determination was less than a "3." The student is not eligible for section 504 protections. Provide notice to parents of their procedural rights.

OR

☐ The team's determination was a "3" or above. The student has a physical or mental impairment that substantially limits a major life activity, and is eligible as a person with a disability. The Team should next determine what, if any specific accommodations and/or related aids or services are NECESSARY for the student to have an opportunity COMMENSURATE WITH NON-DISABLED STUDENTS in the district. Here the 504 Team should factor in any mitigating measures that the student is using, such as hearing aids, etc. Some students, although disabled, may require no accommodations and/or related aids.

*If the student is not eligible as a person with a disability, skip to **Section G**. If the student is eligible as a person with a disability, continue to **Section E**.*

E. The Section 504 Accommodation Plan.

Does the student *require* accommodations and/or related aids or services in order to provide the student access to educational programs (e.g. curriculum, facilities, etc.)? Please note that mitigating measures (such as the effect of medication, use of hearing aids and other personal devices), should be considered here when considering whether a condition *requires* accommodation in order for the student to access his/her education.

☐ YES ☐ NO

If "Yes," the Team must list the accommodations and related aids or services in a Section 504 Plan.

F. Is this an evaluation before a significant change in placement?

☐ Yes ☐ No

If "No", skip to **Section G**.

1. What is the anticipated significant change of placement?

☐ Discontinuance of 504 Plan ☐ Change in program due to disciplinary action ☐ Other (specify) __

2. Review the student's current progress, credit status, needs & 504 Accommodation Plan.

3. Consider: does the 504 Plan continue to be necessary for the student?

☐ YES ☐ NO

4. If "Yes," is it appropriate as designed?

☐ YES ☐ NO

5. If "No," revise the accommodation plan.

G. Summary of Actions Taken

☐ Parent/Guardian (or student if age 18 or over) was offered a notice of procedural safeguards at the meeting. If parent/guardian or eligible student did not attend, notice and a copy of this form will be mailed.

☐ Insufficient information is available to determine student's eligibility. More evaluative information will be obtained prior to convening another 504 Team Meeting.

☐ Student is identified as a person with a disability under Section 504.

☐ A Section 504 Accommodation Plan was developed that includes accommodations and/or related aids or

☐ The 504 Team needs additional information before drafting a 504 Plan at this time.

☐ The student does not require any accommodations and/or related aids or services at this time.

☐ Student is NOT identified as a person with a disability under Section 504.

☐ An evaluation (which may consist of a review of existing records and other information from a variety of sources) prior to a significant change in placement has been conducted.

☐ Other (please specify): __

Recorder Title

Received by district administrator:

Signature Date: _____

Recall that students with a past "record" of a disability may occasionally need an accommodation such as time away from school for a check up on their former condition.