

105 Section 504 Data Input Form

Student Name _____ School _____
Student ID# _____ Grade _____

SKIP THIS SECTION FOR INITIALS

***SECTION 1 – To enter re-evaluation information**

Student > Student Profile > Special Programs > Section 504 > Edit (Most current record)

Status of Eval: ★ **INACTIVE** IAP End Date _____
Ended Date new plan was written

SAVE

Student > Student Profile > Special Programs > Section 504 > Add 504

INPUT ALL INFORMATION INCLUDED BELOW

****SECTION 2 – To enter initial placement; reevaluation; and ineligible information**

Student > Student Profile > Special Programs > Section 504 > Add 504

Status of Eval: (circle one) **ACTIVE** **DNQ**
Eligible/Continuing Ineligible

IAP Begin Date _____ Initial Eligibility _____ IAP End Date **LEAVE BLANK**
Date of most current plan Date Student was found eligible

Eval Meeting Date _____ Next IAP Date _____ Next Eval Review Date _____
Date of Most Recent Meeting 3 yrs from Begin Date or 6 mos for Temp 3 yrs from Begin Date or 6 mos for Temp

Case Manager _____ Case Due Date: **LEAVE BLANK**
504 Designee

Referral Type: **IN** **RE** **TR** Referral Date: **LEAVE BLANK**
(circle one) Initial Reeval Transfer

Transport Accommodations in Plan

Eval Consent _____ IDEA Referral _____ Service Consent _____
Eval Consent Date _____ Referral Date _____ Service Consent Date _____
Date Notice of Consent signed Date Parent signed Accommodation Plan

Health Care Plan _____ Parent Rights Given _____
Health Care Plan Date _____ Rights Given Date _____
Date of current HCP Date parent received rights

Impairments: * _____ Primary Life Activities: _____

SAVE
504 Designee: _____ Date: _____

Data Specialist: _____ Date: _____
Sign original; Return to 504 Designee; Keep copy for your records

*****SECTION 3 – To enter dismissal information**

Student > Student Profile > Special Programs > Section 504 > Edit (Most current record)

Student is no longer Section 504 Dismissal Date _____
Date of Dismissal

Status of Eval: ★ **INACTIVE** IAP End Date _____
Dismissed Same as Dismissal Date

504 Designee: _____ Date: _____

Data Specialist: _____ Date: _____
Sign original; Return to 504 Designee; Keep copy for your records