

Section 504 Reevaluation

Student Name	ID #	Date of Birth	School	Grade
Today's Date	<input type="checkbox"/> Three Year Reevaluation <input type="checkbox"/> More Frequent Reevaluation			
Committee Membership	By regulation, the Section 504 Committee is a group of knowledgeable people. Within the group, each required type of knowledge must be present. List each member attending and check the area of knowledge each provides (attach an additional sheet if necessary). Each required area of knowledge must be present on the committee.			
Member Name	Position/Title	This member has knowledge of...		
		<input type="checkbox"/> The child <input type="checkbox"/> The evaluation data <input type="checkbox"/> The placement options		
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Procedural Checklist	Complete Questions 1-4. Please verify by checkmark that each requirement is completed before proceeding.			
1. Verify that the §504 Committee is a group, including a person with knowledge in each of the required areas.				
2. Verify the Student's dominant language: _____ Dominant language of the home: _____				
3. Verify that the parent received Notice of Parent Rights under §504				
4. Verify <i>how</i> the parent was informed of the date, time, and place for this meeting (check one)				
<input type="checkbox"/> In writing (Attach STS0080) <input type="checkbox"/> By phone <input type="checkbox"/> In person				
Evaluation Data	The Committee reviewed and carefully considered data gathered from a variety of sources, including the Referral Document. [Please check each type of data reviewed by the Committee, or attach copies of the data.]			
	<input type="checkbox"/> Parent Input	<input type="checkbox"/> Student work portfolio	<input type="checkbox"/> Grade reports	
	<input type="checkbox"/> Standardized Tests and Other Tests	<input type="checkbox"/> Discipline records/referrals	<input type="checkbox"/> Early Intervention data	
	<input type="checkbox"/> Mitigating Measures	<input type="checkbox"/> Teacher/Administrator input	<input type="checkbox"/> School Health information	
	<input type="checkbox"/> Medical Evaluations/Diagnoses	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	
NOTE: If information from a conversation or other data in unwritten form was considered, please attach written notes summarizing the conversation or data.				
Data Review	<input type="checkbox"/> Yes <input type="checkbox"/> No Is more information needed to determine if this is still a student with a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No Is more information needed to determine the present levels of performance? <input type="checkbox"/> Yes <input type="checkbox"/> No Is more information needed to determine if the student still needs a 504 accommodation plan? <input type="checkbox"/> Yes <input type="checkbox"/> No Is more information needed to determine if there is a need to modify the 504 plan to support participation in the general education curriculum? <input type="checkbox"/> Yes <input type="checkbox"/> No Is more information needed to determine whether special considerations (e.g. communication or behavior) are interfering with the student's progress?			
If any of the above questions are answered "YES," then Notice/Consent for Evaluation Under Section 504 (STS0132) must be obtained and meeting concluded until further information is collected. Sign below. <p style="text-align:center;">Otherwise, continue to page 2.</p>				
Committee Member Signatures If meeting concluded here	Section 504 Designee	Evaluation Specialist	Nurse	
	Administrator	Teacher	Teacher	
	Teacher	Teacher	Teacher	
	Other	Other	Other	
	Parent/Guardian Signature: I have received a copy of the Parent/Student Rights in identification, evaluation, and placement under Section 504 of the Rehabilitation Act of 1973. Parent/Guardian initials _____ Date ____/____/____			

Section 504 Reevaluation (p.2)

<p>Eligibility Determination</p>	<p>1. Does the student have a physical or mental impairment? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please identify the impairment(s).</p> <p>Notes (1) This is an educational determination only and not a medical diagnosis for purposes of treatment. (2) Impairments that are episodic, in remission or mitigated should also be listed.</p> <p>2. Does the physical or mental impairment affect one or more major life activities (including major bodily functions)? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, identify by checking the appropriate box or boxes.</p> <table border="0"> <tr> <td><input type="checkbox"/> Bending</td> <td><input type="checkbox"/> Breathing</td> <td><input type="checkbox"/> Caring for oneself</td> <td><input type="checkbox"/> Communicating</td> </tr> <tr> <td><input type="checkbox"/> Concentrating</td> <td><input type="checkbox"/> Eating</td> <td><input type="checkbox"/> Hearing</td> <td><input type="checkbox"/> Learning</td> </tr> <tr> <td><input type="checkbox"/> Lifting</td> <td><input type="checkbox"/> Performing manual tasks</td> <td><input type="checkbox"/> Reading</td> <td><input type="checkbox"/> Seeing</td> </tr> <tr> <td><input type="checkbox"/> Sleeping</td> <td><input type="checkbox"/> Speaking</td> <td><input type="checkbox"/> Standing</td> <td><input type="checkbox"/> Thinking</td> </tr> <tr> <td><input type="checkbox"/> Walking</td> <td><input type="checkbox"/> Working</td> <td><input type="checkbox"/> Other _____</td> <td><input type="checkbox"/> Other _____</td> </tr> </table> <p>Operation of a Major Bodily Function</p> <table border="0"> <tr> <td><input type="checkbox"/> Bladder function</td> <td><input type="checkbox"/> Bowel function</td> <td><input type="checkbox"/> Brain function</td> <td><input type="checkbox"/> Circulatory function</td> </tr> <tr> <td><input type="checkbox"/> Digestive function</td> <td><input type="checkbox"/> Endocrine function</td> <td><input type="checkbox"/> Immunity function</td> <td><input type="checkbox"/> Neurological function</td> </tr> <tr> <td><input type="checkbox"/> Normal cell growth</td> <td><input type="checkbox"/> Reproductive function</td> <td><input type="checkbox"/> Respiratory function</td> <td><input type="checkbox"/> Other _____</td> </tr> </table> <p>Note: For an impairment that is episodic, in remission, or mitigated, identify the activity or function affected when the disability was present or active.</p> <p>3. Does the physical or mental impairment substantially limit a major life activity? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Notes: (1) "Substantially limits" does not mean "significantly restricted." (2) The ADA requires that when making this determination, the Committee should not consider the ameliorative (helpful or positive) effects of mitigating measures (except for ordinary eyeglasses or contact lenses). (3) The fact that the impairment is episodic (the impact of the impairment is sometimes substantially limiting, but not always), or in remission, does not preclude eligibility if the impairment would substantially limit a major life activity when active.</p> <p>If Eligibility Question 3 is answered "no," explain why the student is not substantially limited and describe how the committee addressed the positive impact of mitigating measures (what measures are used by/for the student, and what was their impact?):</p>	<input type="checkbox"/> Bending	<input type="checkbox"/> Breathing	<input type="checkbox"/> Caring for oneself	<input type="checkbox"/> Communicating	<input type="checkbox"/> Concentrating	<input type="checkbox"/> Eating	<input type="checkbox"/> Hearing	<input type="checkbox"/> Learning	<input type="checkbox"/> Lifting	<input type="checkbox"/> Performing manual tasks	<input type="checkbox"/> Reading	<input type="checkbox"/> Seeing	<input type="checkbox"/> Sleeping	<input type="checkbox"/> Speaking	<input type="checkbox"/> Standing	<input type="checkbox"/> Thinking	<input type="checkbox"/> Walking	<input type="checkbox"/> Working	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Bladder function	<input type="checkbox"/> Bowel function	<input type="checkbox"/> Brain function	<input type="checkbox"/> Circulatory function	<input type="checkbox"/> Digestive function	<input type="checkbox"/> Endocrine function	<input type="checkbox"/> Immunity function	<input type="checkbox"/> Neurological function	<input type="checkbox"/> Normal cell growth	<input type="checkbox"/> Reproductive function	<input type="checkbox"/> Respiratory function	<input type="checkbox"/> Other _____
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<p>Accommodation Plan & Placement</p> <p>Only if each of the preceding questions were answered "YES"</p>	<p>4. Does the student need Section 504 services in order for his/her educational needs to be met as adequately as those of non-disabled peers? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Notes: (1) If the student's needs are so extreme as to require special education and related services, the student is in need of a Section 504 accommodation plan, AND a referral to special education should be considered. (2) If the student's impairment is in remission, or the student's needs are currently addressed by mitigating measures, the student is not in need of a Section 504 accommodation plan.</p> <p>If the Plan and Placement question is answered "NO," explain why the student does not need a Section 504 Accommodation Plan:</p>																																
<p>Continued Eligibility</p> <p><input type="checkbox"/> No changes to 504 Plan</p> <p><input type="checkbox"/> Changes to 504 Plan</p>	<p>The Section 504 Committee's analysis of the eligibility criteria as applied to the evaluation data indicates that at this time (check the appropriate box or boxes):</p> <p>If all four questions are answered "YES," the student remains eligible under Section 504, with or without changes to the current Section 504 accommodation plan are necessary at this time. The student's existing Section 504 accommodation plan will remain in place as written, subject to future re-evaluations, or other reviews, should changes in the student's impairments or need for services so require.</p>																																
<p>Remains eligible & No Plan</p> <p><input type="checkbox"/> In remission</p> <p><input type="checkbox"/> Mitigating Measures</p>	<p>If only the first three questions are answered "YES," the student remains eligible under Section 504, but will not require a Section 504 accommodation plan because the physical or mental impairment is <u>in remission</u>, and there is no current need for services <u>or</u> the student's needs are met as adequately as his nondisabled peers due to the positive effect of <u>mitigating measures</u> currently in use. The student will receive manifestation determination, procedural safeguards, periodic Re-Evaluation or more often as needed, as well as the nondiscrimination protections of Section 504. Should need for a Plan develop, the Section 504 Committee shall reconvene and develop an appropriate Section 504 accommodation plan.</p>																																
<p><input type="checkbox"/> Dismissed</p>	<p>If any of the first three questions are answered "NO," the student is no longer eligible for Section 504 and is exited from the program. The student will now receive regular education without Section 504 services. The student will receive the nondiscrimination protections of Section 504 as a student with a record of impairment, together with procedural safeguards, but will not receive manifestation determination, or periodic Re-Evaluation.</p>																																
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