

Gibraltar School District
Section 504 Information Review

Review date: _____

Student's Name: _____ Birth Date: _____ Sex: _____ Grade: _____

Parent's Name: _____ Phone: _____ Phone: _____

Parent's Address: _____

Identify if any of the following are currently in place:

IEP: yes 504 Plan: yes ELL: yes Interpreter for Parents: yes
no no no no

Meeting Participants and Attendance

Signatures of the following individuals indicate attendance at this meeting. Additional participants' names should be documented and attached.

Building 504 Coordinator Parent/Guardian
Teacher of Record Parent/Guardian
Teacher of Record Student
Other Other

Parent Input:

Staff Input:

Student Input:

Section 504 Information Review

1. Current Concern: A Section 504 eligible student exhibits a physical or mental impairment that substantially limits one or more major life activities.

a. The suspected physical or mental impairment is in the area of:

b. Perception of limitation in major life activity:

Use this tool to review and make comment as to the extent to which the physical or mental impairment presents as a substantial limitation of major life activity. The rating may be based on information provided in interview, existing evaluation data, or observation.	
Standards for Defining a Substantial Limitation	
<ul style="list-style-type: none"> • Normal Expectation: Student participation and/or functioning is within normal expectation when compared to non-disabled peers. • Accessible Functioning: Some limitation of participation or functioning but student is able to meet expectations of non-disabled peers with differentiation and/or typical accommodations. • Substantial Limitation: The condition prevents the individual from participation in or functioning at expectation of non-disabled peers. 	
Major Life Activity Area	Comments:
Learning	
Social/Emotional/Behavior	
Communication	
Health	
Vision	
Hearing	
Motor Movement	
Self-Help Skills	
Other:	

Note: The use of mitigating measures, such as medications or assistive devices, does not lessen the impact of the disability on major life activities and does not exclude a student from Section 504 eligibility.

c. Are the student's activities disrupted on a chronic or intermittent basis?

Chronic interference of activity Intermittent disruption of activity

Describe: _____

2. Other Exclusionary Considerations: Please identify other or additional factors that may distinguish presenting concerns.

- Second Language Learning Substance Use/Abuse
- Vision corrected with glasses Hearing corrected with aides
- Physical injury (less than 6 months) Social issues
- College entrance exam Court-ordered school attendance
- Truancy

3. Attendance: Identify number of days absent at each grade level:

Kdg. 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th 11th 12th

Identify any absence patterns: _____

Grades repeated (indicate which grades): _____

Factors affecting school attendance _____

4. If data are available, list the past three years of academic achievement scores. Attach appropriate documentation. (Suggested data sources may include: F and P, M-STEP, NWEA, PSAT, Other Standardized Tests.)

		State Assessment	District Assessment	Classroom Assessment
	Test/Date			
	Test/Date			
	Test/Date			
	Test/Date			
	Test/Date			
	Test/Date			
	Test/Date			
	Test/Date			
	Test/Date			

5. Describe concerns regarding student pattern of achievement.

6. List any individual evaluations that have been conducted:

<u>Type of Evaluation/Evaluator</u>	<u>Date</u>	<u>Recommendations</u>	<u>Action Taken</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. Disciplinary actions for current year and last year:

	<u>Current Year</u>	<u>Last Year</u>	<u>Comment</u>
# Days In-school suspension:	_____	_____	_____
# Days Out-of-school suspension:	_____	_____	_____

8. List student involvement with other agencies (state agencies, medical, counseling, courts):

<u>Agency</u>	<u>Date</u>	<u>Service Summary</u>
_____	_____	_____

9. List any identified health factors which may contribute to student's school problems:

<u>Condition</u>	<u>Diagnosed By</u>	<u>Date</u>	<u>Impact</u>
_____	_____	_____	_____
_____	_____	_____	_____

<u>Current Medications</u>	<u>Dosage</u>	<u>Reason for Medication</u>
_____	_____	_____
_____	_____	_____

10. List and give dates of any past modifications in instruction or behavior management (e.g., tutoring, Title I; instructional modifications; 504 Plan; IEP):

Instructional/Behavioral Intervention	Date Begun/Ended	Outcome
_____	_____/____	_____
_____	_____/____	_____
_____	_____/____	_____

11. Summary:

Section 504 Considerations of Area(s) of Major Life Activities:

The student is suspected of having a physical or mental impairment that may substantially limit one or more of the major life activities when compared to the average student.

- Yes
- No

Recommendation of Section 504 Team:

- The student should be evaluated for possible Section 504 eligibility.
- No further evaluation at this time.
- No additional evaluation needed. Develop Section 504 Plan.
- Review current Section 504 Plan.

Building 504 Coordinator Signature

Date