

Utility of Form – To be used at the Section 504 committee meeting for documenting identification and evaluation results.

SECTION 504 TEAM MEETING/IDENTIFICATION AND EVALUATION SUMMARY

Student: _____ Date: _____ Grade: _____

School: _____ Birthdate: _____

Address: _____ Phone: _____

Case Manager: _____

PARTICIPANTS—Staff knowledgeable about the student, disability, and the results of the evaluation data

SUMMARY OF EVALUATION DATA – Information from a variety of sources, including, as relevant, aptitude and achievement tests, teacher recommendations, physical condition, social or cultural background, and adaptive behavior.

Determination of whether the student has a disability under Section 504

_____ The student **does not** have a physical or mental impairment that substantially limits one or more major life activities, such as walking, breathing, learning, reading, concentrating, thinking, communicating, seeing, speaking, caring for one’s self, working, helping, eating, sleeping, standing, lifting, bending, and operation of a bodily function.

_____ The student **has** a physical or mental impairment that substantially limits one or more major life activities, such as walking, breathing, learning, reading, concentrating, thinking, communicating, seeing, speaking, caring for one’s self, working, helping, eating, sleeping, standing, lifting, bending, and operation of a bodily function.