**TAZEWELL-MASON COUNTIES**

**SPECIAL EDUCATION ASSOCIATION**

**SECTION 504 COMMITTEE REPORT**

Student: Date:

School: Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher:

Student’s Case Manager:

**CONFERENCE PARTICIPANTS (TITLE/NAME):**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 **Notice of conference provided to parent(s)/guardians**

**PURPOSE OF CONFERENCE:**

 To consider eligibility or continued eligibility and provision of services under Section 504 of the *Rehabilitation Act of 1973* to address the individual educational needs of your child.

 To review eligibility and services being provided under Section 504 of the *Rehabilitation Act of 1973.*

Other

**IDENTIFY REFERRING CONCERNS:**

**SUMMARY OF EVALUATIVE DATA:**

**ELIGIBILITY CRITERIA AND DETERMINATION**

1. a. Documentation regarding impairment: (Provide all data supporting the presence of a physical or mental impairment which substantially interferes with learning or another major life function.)

b. Does the student have a physical or mental impairment?

Yes No

If yes, specify impairment

2. Is a major life activity substantially limited by the impairment?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Major Life Activity** | **Source(s) of Information****Describe and Attach** | **Severity****Mild/Moderate/Severe** | **Duration****Short/Medium/Long** | **\*Substantial Limitation?****Yes? No?** |
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\*In order to meet this standard the student must be unable to perform a major life activity that the average person in the general population can perform. Alternatively, the student must be significantly restricted as to the condition, manner or duration under which an individual in the general population can perform the same major life activity. Mitigating measures such as medication, medical supplies, equipment, prosthetics, hearing aids and cochlear implants, mobility devices or other such ameliorative effects *cannot* be used to determine whether an individual is disabled.

3. Has the team determined that the impairment “substantially limits” a major life activity? Yes No\_\_\_\_\_\_

NOTE: If learning is the major life activity which is substantially limited, it should be looked at globally. Problems must be pervasive and have been present for a substantial period of time. In addition the team must document whether eligibility for special education services under the *Individuals with Disabilities Education Act* has been considered. If the student has not been so considered, the team must consider and document why not; and if so, the team must document why the student was not eligible under IDEA but is eligible under Section 504.

4. Student meets Section 504 eligibility criteria? \_\_\_\_\_ Yes \_\_\_\_\_ No

NOTE: The team must respond YES to the first three questions and attach all required evidence in order to respond YES to question #4.

5. Has the district considered whether the student is eligible for services under the *Individuals with Disabilities Education Act*?

Action Taken:

 Student found eligible, services plan developed

 Student found NOT eligible under Section 504

 Other (specify):

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 None at this time

Does the student require accommodations for ISAT/Local Assessments?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, complete the Assessment Accommodation Forms

Projected Review/Reevaluation Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

You have the right to legal representation, to review your child’s records and to request an impartial hearing if you disagree with the district’s identification, evaluation, provision of services, educational placement or change or termination of services under Section 504 as summarized in your procedural rights statement sent with the notice of this meeting. If you desire a review of your child’s records, have questions concerning your legal rights or wish to initiate a hearing, please contact: \_\_\_\_\_\_\_\_\_\_\_\_\_, Section 504/ADA Coordinator at \_\_\_\_\_\_\_\_\_\_\_\_\_.

* I have received a copy of the Section 504 Conference Summary
* I have received a copy of the Section 504 Procedural Safeguards

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Signature of Parent/Guardian Date

**SECTION 504 ACCOMMODATION FORM**

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| --- | --- | --- | --- |
| **Current Level of Performance** | **Accommodation** | **Implementer(s)** | **Review Date** |
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ACCOMMODATIONS

RELATED SERVICES

SUPPLEMENTARY AIDES AND SERVICES

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