

Plymouth Community School Corporation
SECTION 504 ELIGIBILITY CONFERENCE SUMMARY

Student: _____

Date of Conference: _____

Grade: _____

Review/Reassessment Date: _____

Purpose of Conference:

- To consider initial eligibility for special education, related aids and services, and/or reasonable modification of policies, practices, or procedures under Section 504 of the *Rehabilitation Act of 1973*.
- To review eligibility for special education, related aids and services, and/or reasonable modification of policies, practices, or procedures under Section 504 of the *Rehabilitation Act of 1973*.

Conference Participants:

I. Sources of Evaluation/Other Information Considered:

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"><input type="checkbox"/> academic records<input type="checkbox"/> achievement tests<input type="checkbox"/> adaptive functioning assessments<input type="checkbox"/> behavior rating scales<input type="checkbox"/> cognitive assessments<input type="checkbox"/> discipline records<input type="checkbox"/> functional behavior assessment | <ul style="list-style-type: none"><input type="checkbox"/> medical reports/health information<input type="checkbox"/> motor assessments<input type="checkbox"/> parent input<input type="checkbox"/> social development study<input type="checkbox"/> speech/language assessment<input type="checkbox"/> teacher/other staff member observation<input type="checkbox"/> other (specify) _____ <p>_____</p> <p>_____</p> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Summary of discussion:

II. Is there documented evidence of a physical and/or mental health impairment?

_____ Yes _____ No

Explanation: _____

III. Is any major life activity substantially limited by the physical or mental impairment?

(NOTE: "Substantial limitation" must be interpreted without regard to the ameliorative effects of mitigating measures (medications, prosthetic devices, assistive devices, etc.)

_____ Yes _____ No (If "No," a 504 Plan is not required.)

If "Yes," check the major life activity(ies) that is/are substantially limited, then proceed to Sections IV and V below:

- | | | |
|-------------------------------------------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> caring for one's self | <input type="checkbox"/> hearing | <input type="checkbox"/> learning |
| <input type="checkbox"/> walking | <input type="checkbox"/> breathing | <input type="checkbox"/> seeing |
| <input type="checkbox"/> performing manual tasks | <input type="checkbox"/> working | <input type="checkbox"/> standing |
| <input type="checkbox"/> eating | <input type="checkbox"/> sleeping | <input type="checkbox"/> lifting |
| <input type="checkbox"/> communicating | <input type="checkbox"/> bending | <input type="checkbox"/> thinking |
| <input type="checkbox"/> concentrating | <input type="checkbox"/> speaking | <input type="checkbox"/> reading |
| <input type="checkbox"/> the operation of a major bodily function | | |
| <input type="checkbox"/> other (specify) _____ | | |

IV. Does the student need special education and/or related aids or services?

(NOTE: In making this determination, the team may consider the ameliorative effects of mitigating measures.)

_____ Yes _____ No

V. Does the student need modifications to any policies, practices, or procedures?

_____ Yes _____ No

(If the answers to Sections IV and V above are both "No," a 504 Plan is not required.)