Student Name: ______________________ Date: ______________________

Student # ______________________ DOB: ______________________

School: ______________________ Grade: ______________________

Address: ______________________ City: ______________ State: ______

Parent(s)/Guardian(s) Name(s): ______________________

Home Phone: ______________________ Work Phone: ______________________

The Problem Solving Team (PST)/504 Team is to include individuals who are knowledgeable about the student, the student's disability, current student performance, how to interpret the data/information, barriers and supports to afford equal access similar to those without disability. The information reviewed by the PST/504 Team should be current, focus on the area of concern, and be gathered from a variety of sources. The evaluation information included below should be sufficient to identify what prevents equal access to their education and programs as well as reasonable options (accommodations and services) to ensure a free, appropriate public education is provided to the student.

1. Area of concern(s):

2. Summary of staff/teacher reports, comments, and observations:

3. Summary of parent(s)/guardian(s) reports, observations, and information:

4. Summary of student grades, benchmark testing, and state assessment measures:

5. Summary of student functional performance, safety, access to campus and programs:

6. Summary of discipline referrals if applicable:

7. Summary of formal testing completed if applicable:

8. Summary of student health information:

9. Other pertinent information including observations by related services providers if applicable:

Based on the team's findings, answer the following questions:

10. What is the student's disability (record or history of disability)?

11. Does the disability **substantially** limit one or more major life activities?

☐ Yes* ☐ No** Explain (provide specific details) below:

If "yes" to #2, which of the following major life activities is **substantially** limited by disability?

- ☐ Seeing
- ☐ Hearing
- ☐ Walking
- ☐ Breathing
- ☐ Learning
- ☐ Reading
- ☐ Writing
- ☐ Thinking
- ☐ Concentrating
- ☐ Communicating
- ☐ Interacting with others
- ☐ Manual tasks
- ☐ Reaching
- ☐ Lifting
- ☐ Bending
- ☐ Eating
- ☐ Self care
- ☐ Maintaining continence (bowel/bladder functions)
- ☐ Digestive functions
- ☐ Immune system functions
- ☐ Circulatory system functions
- ☐ Endocrine system functions
- ☐ Other, please specify (must be major life activity): ___________________________ ___________________________

*If the team answered "yes" to A and B and the team identified a major life activity that is substantially limited by this condition, the student is eligible for a 504 plan. The team should answer C-E below, and complete form (if initial evaluation).

**If the team answered "no" to A, the student is not eligible for a 504 plan. The team should provide data and rationale supporting this decision in the space below.

12. Does the disability impact the student's ability to access and participate in programs?

☐ Yes* ☐ No** Explain the impact (how?) below:

13. Describe the student's current performance and barriers to/what limits access their education when compared to other students?

14. Are there reasonable accommodations, modifications, additional staff instruction or services required to afford the student access to a free, appropriate education?

Summary of Decisions:

- ☐ The student has a physical or mental impairment that significantly impacts a major life activity
  - ☐ A Section 504 Accommodation Plan will be developed
  - ☐ A Section 504 Accommodation Plan is not needed at this time
- ☐ The student does not have a physical or mental disability that significantly limits one or more major life activities.
  - ☐ Further action is needed at this time
  - ☐ An individual health plan will be developed/is established for health services

504 team signatures:

Name	**Title**

Parent(s)/Guardian(s) statements (please initial):

______________ I received a written notice of my rights under Section 504.
______________I received notice of the Section 504 evaluation and accommodation plan meeting.
______________I agree with the Section 504 plan as written.
______________I understand that if I disagree with the content of this plan, I have the right to ask for a due process hearing by filing a written request with the school principal, Director of Student Support, or designee.

Parent/Guardian Signature: ____ Date: ______________