

TANGIPAHOA PARISH SCHOOL SYSTEM

SECTION 504 STUDENT ASSESSMENT AND ELIGIBILITY REPORT

Section 504 is a civil rights law that prohibits discrimination against individuals with disabilities. Section 504 ensures that the child with a disability has equal access to an education. There is no guarantee of achievement or performance, only a guarantee of equal opportunity to succeed despite the presence of a disability that affects learning. The identified mental or physical impairment must substantially limit a major life activity.

STUDENT _____ I.D.# _____ DATE _____

SCHOOL _____ TEACHER _____ GRADE _____

ORIGINAL EVALUATION _____ REEVALUATION _____

1. **Initial Referral to SAT** Date _____ Concern _____

2. **SAT Team Meeting Decision - Interventions completed** Date _____

_____ Resolved

_____ Not Resolved, Address as Section 504

Note: If 1508 pupil appraisal evaluation has been completed within three years, consider all data in evaluation.

3. **Complete appropriate page(s) for suspected disability (referral concern). Attach documentation. Place check(s) by relevant pages. Include only the appropriate pages for the original or reevaluation.**

A – Dyslexia Characteristics Refer to Page 2 _____
and/or

B – Other Academic Area Refer to Page 3 _____
and/or

C – Attention Deficit/Hyperactive Disorder Refer to Page 3 _____
and/or

D – Medical Refer to Page 4 _____
and/or

E – Social /Emotional Refer to Page 4 _____

4. **Record scores and grades, beginning with previous 3 grades, if possible and applicable.**

STANDARDIZED TEST RESULTS

REPORT CARD GRADES

PUPIL APPRAISAL/PRIVATE EVALUATION TEST SCORES Days Absent

Year	GRADE	LEAP Lang. Arts Pass / Fail	LEAP Math Pass / Fail	OTHER Standard Reading NPR	OTHER Standard Math NPR	READING	SPELLING	ENGLISH	MATH	SCIENCE	SOCIAL STUDIES	OTHER	TOTAL READING SS*	TOTAL MATH SS*	Days Absent

*NOTE: SS – Standard Score – The Standard Score reflects the extent to which a raw score exceeds or falls below the mean score of similar aged peers with whom the instrument was standardized. The unit that indicates the distance from the average is the standard deviation (sd) for that test. Students with less than one sd discrepancy between the reading and math standard scores may be eligible for services under Section 504. For the purpose of this assessment, the average SS is 100 and the sd is 15. SS between –1 sd (SS=85) and +1 sd (SS=115) fall within the normal range. (SS of 70 or lower indicates moderate impairment.)

A. **Characteristics of Dyslexia** - If student is consistently struggling or having difficulty making expected progress in areas of reading and/or written language.

NOTE: Reevaluation does not require re-screening assessment. Use original dates for 1-4.

- 1. Dyslexia Screening Checklist (SAT remits to teacher.) Date _____
- 2. Student Assistant Team packet (SAT remits to teacher.) Date _____
- 3. SAT suspects Characteristics of Dyslexia Date _____
- 4. Parent Forms Mailed (504 Chairperson) Date _____

- Parent/Student Rights
- Screening/Assessment Consent Form (**Parent Signature giving permission must be on file.**)

- 5. Dyslexia Assessment (Screening Specialist) Date _____

Dyslexia Assessment Report Results Indicate: ____ Yes ____ No, Characteristics of Dyslexia, **and/or**

- 6. Pupil Appraisal Evaluation (attach copy) Results Indicate: ____ Yes ____ No, Characteristics of Dyslexia, **and/or**

- 7. Medical/Psychological Evaluation (attach copy) Results Indicate: ____ Yes ____ No, Characteristics of Dyslexia

List recommendations on evaluation report:

- _____
- _____
- _____
- _____

- 8. Qualification Form - Student qualifies for Multisensory Structured Language Regular Education Program. ____ Yes ____ No Date _____

- 9. Student demonstrates strength in some academic area(s). ____ Yes, Academic Area _____ / ____ No

- 10. Characteristics of Dyslexia limits major life activity. ____ Yes, Major Life Activity: _____ / ____ No

- 11. **For Reevaluation:** Collect and Review current mandated attachments listed on *Referral to SAT packet*. If a Medical/Psychological Evaluation was completed within the past 3 years, review the results.

Note: If data indicates that current classification may not be appropriate, consider SAT referral.

- 12. Parent Notification of Section 504 Meeting/Oral Interpretation Date _____

- 13. Parent Meeting Date _____

- 504 committee and parent review the results. Copy is given to parent or copy is mailed.

COMMENTS: _____

B. Other Academic Area - _____ If Pupil Appraisal Evaluation has been completed, refer to scores and grades for indication of strengths and weaknesses in academic area(s).

1. Referral to Student Assistant Team Packet (SAT remits to teacher.) Date _____
2. Parent Forms Mailed (504 Chairperson) Date _____
 - Parent/Student Rights
 - Screening/Assessment Consent Form (**Parent Signature giving permission must be on file.**)
3. Review information: Referral Packet and Pupil Appraisal Evaluation, if completed, report card and standardized test scores. Review of all information reveals disability which limits the major life activity of learning:
Yes, Academic Area _____ / _____ No
4. Student demonstrates strength in some academic area(s). Report card grades and standardized test scores must support answer.
_____ Yes, Areas _____ / _____ No
5. **For Reevaluation**: Collect and Review current mandated attachments listed on Referral to SAT packet. Consider the following:
 - Does student continue to demonstrate a disability (physical or mental impairment)? _____ Yes _____ NoIf yes, record supporting data:

6. Parent Notification of Section 504 Meeting / Oral Interpretation Date _____
7. Parent Meeting Date _____
 - 504 committee and parent review results. A copy is given to the parent or copy is mailed.

COMMENTS: _____

C. Attention Deficit/Hyperactive Disorder

1. Referral to Student Assistant Team Packet (SAT remits to teacher.) Date _____
2. Parent Forms Mailed (504 Chairperson). Date _____
 - Parent/Student Rights
 - Screening/Assessment Consent Form (**Parent Signature giving permission must be on file.**)
3. Review Information from #1 (Referral Packet), report grades and standardized test scores.
4. AD/HD Assessment and/or Medical Evaluation Date _____
Results indicate: _____ Yes, AD/HD Characteristics _____ No, AD/HD Characteristics
5. **For Reevaluation**: Collect and Review current mandated attachments listed on Referral to SAT packet. Review Medical Evaluation and all previous information found in yellow tracking folder or information sent from another school. If information is not conclusive, complete the ADHD Assessment (ADDES-Hawthorne).
6. Parent Notification of Section 504 Meeting/Oral Interpretation Date _____
7. Parent Meeting Date _____
 - 504 committee and parent review results. A copy is given to the parent or copy is mailed.

COMMENTS: _____

D. Medical

1. Medical Evaluation/Report (Attach copy) Date _____
2. Referral to Student Assistance Team packet (SAT remits to teacher.) Date _____
3. Parent Forms Mailed (504 Chairperson) Date _____
 - Parent/Student Rights
 - Screening/Assessment Consent Form **(Parent Signature giving permission must be on file.)**
4. Medical condition limits major life activity. _____ Yes, Major Life Activity: _____ / _____ No
If yes, attach medical information.
5. For Reevaluation: Collect and Review current mandated attachments listed on *Referral to SAT packet*. Review Medical Evaluation within previous 3 years.

Note: If data indicates that current classification may not be appropriate, consider SAT referral.
6. Parent Notification of Section 504 Meeting/Oral Interpretation Date _____
7. Parent Meeting Date _____
 - 504 committee and parent review results. A copy is given to parent or a copy is mailed.

COMMENTS: _____

E. Social/Emotional

1. Medical Evaluation/Behavior Reports (attach copy) Date _____
2. Referral to Student Assistance Team packet (SAT remits to teacher.) Date _____
3. Parent Forms Mailed (504 Chairperson). Date _____
 - Parent/Student Rights
 - Parent Notification/Parent Permission Form **(Parent signature giving permission must be on file.)**
4. Social/Emotional condition limits major life activity. _____ Yes, Major Life Activity: _____ / _____ No
5. **For Reevaluation**: Collect and Review current mandated attachments listed on *Referral to SAT packet*. Review Medical Evaluation if completed within previous 3 years.

Note: If data indicates that current classification may not be appropriate, consider SA referral.
6. Parent Notification of Section 504 Meeting/Oral Interpretation Date _____
7. Parent Meeting Date _____
 - 504 committee and parent review the results. A copy is given to the parent or copy is mailed.

COMMENTS: _____

ELIGIBILITY

Record teacher and parent/guardian input along with a brief assessment or description of the student's physical condition and social or cultural background.

- Teacher Observation/Comments _____
- Parent Comments/Concerns _____
- Student Physical Condition and Social or Cultural Background _____
- Variety of sources of evaluation information (indicate each one used):
 Aptitude and/or Achievement Tests Private Evaluation Grades Observation

Other _____

1. Specify the mental or physical impairment _____
2. Check the major life activity: caring for one's self performing manual task walking seeing hearing
 speaking breathing learning working
 Other [specify global alternative] _____
3. Place an "X" on the following scale to indicate the specific degree that the impairment (in # 1) limits the major life activity (in # 2):
 - Committee focuses and emphasizes the major life activity as a whole (e. g., learning), not in a particular class (e. g., math) or for a particular sub-area (e. g., socialization).
 - Discount from the analysis sub-par performance due to other factors, such as normal moods, lack of motivation, and the immediate situation or environment. Similarly, make an educated estimate with the mitigation of medication.
 - Use the average student in the general (i. e., national) population as the frame of reference for the purpose of comparison.

For an "X" at 4.0 or above, fill in specific information evaluated by the committee that justifies the rating:

5		Extremely	
4		Substantially	
3		Moderately	
2		Mildly	
1		Negligibly	

4. If the committee's determination for #3 was less than "4" provide notice to the parents of their procedural rights. If the determination was a "4" or above, the committee should complete the 504 Individual Accommodation Plan. They must determine the specific accommodations that are necessary for the child to have an opportunity commensurate with nondisabled students (of the same age).

CONCLUSIONS

_____ Student does not have a physical or mental impairment which substantially limits one or more major life activities, such as Caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and walking. No additional services are needed. Student will continue in the regular education program.

_____ Student meets the criteria as having a disability as defined in *The Louisiana Law for the Education of Dyslexic Students* and will be recommended to participate in a **Multisensory Structured Language Instructional Program**.

_____ Student has a physical or mental impairment which substantially limits one or more major life activities, such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working. Regular classroom accommodations will be identified on an **Individual Accommodation Plan (IAP)**.

_____ Student has been referred to **Pupil Appraisal** for an individual evaluation.

_____ Student has been reevaluated and eligibility for 504 accommodations has ended. An annual review is no longer needed. The student may be reconsidered for eligibility at any time through the SAT process.

_____ Student has graduated dropped moved enrolled in home school or nonpublic school

Date of exit _____

Signatures and titles of Committee Members completing evaluation:

Signature	Title	Date
Signature	Title	Date
Signature	Title	Date

_____ Parent/Student Rights Attached