

Manchester Public Schools
45 North School Street
Manchester, Connecticut 06042

Section 504 Student Meeting Record (504/3)

Student Name:		DOB:		Grade:	
School:		Meeting Date:			
Case Manager:		Title:			

A. The purpose of the meeting:

- Plan evaluation/initial evaluation
- Review initial referral
- Annual review
- Determine eligibility
- Develop Section 504 Student Accommodation Plan
- Reevaluation to review eligibility determination due to new information
- Review before significant change in placement
- Review/revise Section 504 Plan
- Other: _____

B. 504 Team Members Present *(Must include individuals who are knowledgeable about the student, the meaning of evaluative data, and placement options)*

Administrator		Teacher	
Case Manager		Other (specify)	
Parent		Other (specify)	
Student, if applicable		Other (specify)	
Other (specify)		Other (specify)	
Other (specify)		Other (specify)	

C. Review student's current academic and overall performance in all school programs and activities. Include and attach referral information if this is an initial referral, and describe nature of concerns, basis for suspecting disability, and impact of suspected disability on student (including academic, social, behavioral, etc.)

D. Eligibility Determination:

A student is eligible to receive services and/or accommodations under Section 504 if it is determined that he/she has a physical or mental impairment that substantially limits one or more major life activities. The team must consider a variety of sources when determining whether a student has such impairment.

1. What sources of information are available to make this determination (check all that apply and include relevant dates and names of evaluators, where appropriate)

<input type="checkbox"/> School records review	Date:	<input type="checkbox"/> Observations of student	Date:
<input type="checkbox"/> Grades & record card review	Date:	<input type="checkbox"/> Teacher reports	Date:
<input type="checkbox"/> Parent and/or student report	Date:	<input type="checkbox"/> Informal assessments	Date:
<input type="checkbox"/> Medical information	Date:	<input type="checkbox"/> Nursing assessment	Date:
<input type="checkbox"/> Standardized testing	Date:	<input type="checkbox"/> Parent/student interviews	Date:
<input type="checkbox"/> Checklists/behavior rating scales	Date:	<input type="checkbox"/> Other	Date:

2. Is current available information sufficient to make the determination of the presence of a physical or mental impairment that substantially limits a major life activity?

Yes - continue to number 3 below

No - specify the type of additional information that is needed

If the team determines additional information is necessary and the information to be obtained includes testing, team must obtain parent consent on Consent for Section 504 Evaluation Form; tests/evaluations recommended by the team shall be conducted at a District expense. Parent may wish to provide outside evaluation and/or testing information from a qualified provider to be considered by the team; such evaluations and/or testing shall be at Parent expense. District shall consider such outside information at team meeting, and must determine whether the information provided by the Parent meets the District's standards for evaluators and evaluations. If it is necessary to communicate with outside providers, the District must obtain a release to communicate with professionals outside of district. Once needed information is gathered, a 504 meeting will be reconvened to continue the process of determining eligibility.

3. Does the student have a physical or mental impairment? (as recognized in DSM-IV or other respected source, if not excluded under Section 504/ADA, e.g., illegal drug use)

A "physical or mental impairment" means a) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal, special sense organs, respiratory, including speech organs, cardiovascular, reproductive, digestive, genitourinary, hemic and lymphatic, skin and endocrine or b) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

Yes - What is the impairment (as recognized in DSM-IV or other respected source, if not excluded under Section 504/ADA, e.g., illegal drug use)?

No - If no physical or mental impairment exists, the student is not identified as an individual with a disability. Go to "E" of this form.

- Attach all supporting documentation to this form. A statement of "YES" without supporting documentation is insufficient to meet this standard.
- If the team determines that the student is identified as having one or more physical or mental impairments, continue to the next page to determine whether there is a substantial limitation to one or more major life activities.

<p>4. Does the identified impairment substantially limit a major life activity? Ask: Is the impairment impacting</p> <p><i>A “major life activity” includes, but is not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. A major life activity also includes the operation of a major bodily function, including but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.</i></p>	<p>Please describe degree of limitation as compared to other students. Ask: Is the impairment impacting one or more major life activities? Which ones? How is one or more major life activity impacted? What is the impact at school?</p>
<p>5. Was there consideration of mitigating measures?</p> <p><i>Mitigating measures may include, but are not limited to, medication, medical supplies, equipment, appliances, low-vision devices (prescription eyewear), prosthetics, hearing aids, cochlear implants, mobility devices, oxygen therapy, use of assistive technology, reasonable accommodations or auxiliary aids or services or learned behavioral or adaptive neurological modifications</i></p>	<p>In determining eligibility, the team must consider the impact of the disability <u>without</u> consideration of the ameliorative effects of any “mitigating measures” that the student may be using. For example, if the student is currently using a hearing aid, did the team consider whether the student would have a physical or mental impairment that substantially limits a major life activity if the student were <u>not</u> using the hearing aid?</p> <p>Therefore, with respect to this student, did the team consider the impact of the disability on a major life activity <u>without</u> the potential impact of mitigating measures (except eyeglasses or contact lenses)?</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	<p>Please describe:</p>

<p>E. Does the student have a disability under Section 504?</p>		
<p>1. Does the student have one or more physical or mental impairments?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>2. Does the physical or mental impairment substantially limit one or more major life activity?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p><i>Both questions must be answered YES, based on the preceding review of evaluative data, in order to determine that the student has a disability under Section 504 of the Rehabilitation Act.</i></p>		
<p>3. Based on the answers to #1 and #2 above, does the student have a disability under section 504?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p><i>If the answer to #3 is “No”, skip to Section I. If the answer to #3 is “yes”, continue to Section F.</i></p>		

<p>F. Does the student require a Section 504 Accommodation Plan in order to provide the student access to educational programs (e.g., facilities, curriculum, etc.)?</p>	<input type="checkbox"/> Yes <i>Team must develop a Section 504 Accommodation plan. Skip to “H”</i>	<input type="checkbox"/> No
<p>G. Is this an evaluation (i.e., review of current plan/status) before a significant change in placement (e.g., review of new information)?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No <i>skip to Section “H”</i>

1. What is the anticipated significant change of placement?	<input type="checkbox"/> New information received about the student, the impairment or current placement <input type="checkbox"/> Graduation <input type="checkbox"/> Change in program due to disciplinary action <input type="checkbox"/> Other (specify)
Please describe the updated information considered by the team in conducting the reevaluation:	
If additional information, individualized testing, and/or evaluations are necessary to determine continued eligibility and/or what is needed in the Student's Plan to provide FAPE, please indicate.	
2. Consider: Is the student still eligible?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. If "Yes", does the plan as currently written provide FAPE?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. If "No", what changes to the plan are required? <i>Explain basis for each decision in light of information gathered in re-evaluation.</i>	

H. Other relevant information discussed at meeting.	
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I. Summary of Actions Taken <i>(check all that apply)</i>	
<input type="checkbox"/> Parent/Guardian (or student if age 18 or over) was provided written notice of rights under section 504 at the meeting	
<input type="checkbox"/> Insufficient information is available to determine student's eligibility. More evaluative information will be obtained prior to convening another Section 504 Team Meeting.	
<input type="checkbox"/> Student is identified as a person with a disability under Section 504 and in need of regular or special education, or related services or aid.	
<input type="checkbox"/> A Section 504 Accommodation Plan was developed.	
<input type="checkbox"/> A reevaluation has been conducted	
<input type="checkbox"/> Additional information and/or evaluations are required.	
<input type="checkbox"/> Student is NOT identified as a person with a disability under Section 504	
<input type="checkbox"/> A reevaluation prior to significant change in placement has been conducted	
<input type="checkbox"/> Other <i>(please specify)</i> :	

Recorder Name:		Title	
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cc: Cumulative File
504 File
District 504 Coordinator