

# Section 504 Student Evaluation Plan

District \_\_\_\_\_ School: \_\_\_\_\_  
Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Meeting Date: \_\_\_\_\_

The following records will be reviewed:

- |  |  |                                     |
|--|--|-------------------------------------|
| <input type="checkbox"/> educational                             | <input type="checkbox"/> permanent records | <input type="checkbox"/> health     |
| <input type="checkbox"/> counseling records                      | <input type="checkbox"/> observational     | <input type="checkbox"/> attendance |
| <input type="checkbox"/> previous psycho-educational evaluations | <input type="checkbox"/> treatment records |                                     |
| <input type="checkbox"/> other _____                             |  |                                     |

The purpose of the review is to address concerns about your child in the following area(s):

- health       behavior       attendance       social/emotional  
 other: \_\_\_\_\_

The following psycho-educational tests **may** be administered:

- N/A
- Achievement**-measures of global and skill-specific academic achievement
- Intelligence/cognitive**-measures of intelligence assess the student's capabilities for learning
- Self-esteem/self-perception**-measures of attitude/feelings about one's self
- Adaptive behavior**-measures of the manner in which a student copes in independent functioning and personal/social responsibility
- Perceptual/motor**-measures of strengths and weaknesses in the areas of visual, auditory and motor performance
- Audiological**-measures of hearing acuity
- Psychological**-measures assess the manner in which a student copes with emotions, social situations, and relationships
- Medical**-measures may be required to help identify an exceptionality and generally include information on the description of the physical and/or health impairment, etiology and prognosis
- Other**: measures, records, reports needed to determine a student's specific strengths and weaknesses. May include supplementary testing in all areas listed above, teachers' anecdotal records, reports from other agencies (upon your consent for release of information), and other areas of concern necessary to determine educational needs.

Specify other: \_\_\_\_\_

The purpose in administering the instruments indicated above is to gather information to assist the Student Assistance Team in effective educational programming for your child.

Other information to be reviewed includes: \_\_\_N/A \_\_\_\_\_

Describe student accommodations recommended for the evaluation process:

- Modifications: 1. \_\_\_\_\_  
2. \_\_\_\_\_

Persons serving on the Student Assistance Team: Position:

_____	_____
_____	_____
_____	_____

The instruments and measures listed above are appropriate for the purposes for which they will be used. The persons who will administer and interpret results meet the qualifications and professional standards of the state and district. Information gathered in this evaluation will enable the Student Assistance Team/Section 504 Team to consider aptitude, achievement, teacher recommendations, physical conditions, social/cultural background, and adaptive behavior.

Section 504 Coordinator \_\_\_\_\_

Date \_\_\_\_\_