

**SEATTLE SCHOOL DISTRICT
INDIVIDUALIZED EVALUATION REPORT/
SECTION 504 PLAN
(FORM 504-8)**



Student Name: _____ Date: _____
Student ID #: _____ Birth Date: _____
School: _____ Grade: _____
Student Address: _____ City: Seattle Zip: _____
Parent(s)/Guardian(s) Name(s): _____
Home Phone: _____ Work Phone: _____

Part 1A: Evaluation Report

The School Intervention Team ("SIT") is to include individuals who are knowledgeable about the student, the student's disability, and/or the meaning of the data/information reviewed. The information reviewed by the SIT should be current and focus on the areas of concern.

1. Area(s) of concern:

2. Summary of data reviewed:

Student Name: _____

Date: _____

Student ID #: _____

Birth Date: _____

3. Summary of staff reports/comments:

4. Summary of parent(s)/guardian(s) report/comments:

Student Name: _____

Date: _____

Student ID #: _____

Birth Date: _____

5. Other pertinent information:

Part 1B

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

1. Does the student have a mental or physical impairment?

Yes* No**

If yes, please describe:

Student Name: _____ Date: _____

Student ID #: _____ Birth Date: _____

2. Does the mental or physical impairment **substantially** limit one or more major life activity(ies)?

Yes* No**

If yes, please describe:

3. Does the mental or physical impairment impact the student's ability to participate in and/or benefit from programs and services?

Yes* No**

If yes, please describe:

* If the SIT answered "yes" to questions 2 and 3 and the team identified a major life activity that is substantially limited by this condition, the student is eligible for a Section 504 Plan. The SIT is to proceed to Part 2.

** If the SIT answered "no," complete this eligibility meeting by documenting the SIT's rationale in the space below and completing page 5.

Student Name: _____ Date: _____

Student ID #: _____ Birth Date: _____

Part 2: Section 504 Plan

Describe the related services, aids, modifications, and/or accommodations that will be provided:

1. Instructional:

2. Environmental/Accessibility:

Student Name: _____

Date: _____

Student ID #: _____

Birth Date: _____

3. Behavioral/Social:

4. Assessment/Testing:

Student Name: _____

Date: _____

Student ID #: _____

Birth Date: _____

5. Other:

6. Student responsibilities:

Student Name: _____

Date: _____

Student ID #: _____

Birth Date: _____

7. Parent(s)/Guardian(s) responsibilities:

Implementation Date: ____/____/____

Date for Annual Review: ____/____/____

(The Building Coordinator or designee will be responsible for scheduling and assembling staff needed to conduct this review.)

NOTE: Provide a copy of Section 504 Plan to Parent(s)/Guardian(s) and to all individuals responsible for implementing the plan.

Student Name: _____ Date: _____

Student ID #: _____ Birth Date: _____

SIT team signatures:

Name	Title	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent(s)/Guardian(s) statements (check all that apply):

- I received the Notice of Parent/Student Rights under Section 504 (Form 504-1).
- 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 Section 504 Plan, I have the right to ask for a due process hearing by filing a written request using the Request for a Hearing (Form 504-7).
- I am providing my consent for the placement outlined in this plan (***needed for initial placements only***).

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____

File the original Section 504 Plan (all 5 pages) with the Program Coordinator. A copy must be placed in the student's cumulative file and in the student's counseling and/or nursing file, as appropriate.

If this Section 504 Plan is no longer needed by the student, it must be officially terminated by the SIT. Have the SIT convene, complete a Section 504 Termination of Services (Form 504-9) and attach the completed form to the front of this Section 504 Plan. Note: A student can only be terminated from services based on a re-evaluation. Terminated Section 504 Plans are filed with the Program Coordinator, with copies placed in the student's cumulative file and in the student's counseling and/or nursing file, as appropriate.