



# BUREAU OF INDIAN EDUCATION

*Doing What's Best for Students!*



## Section 504 Identification Determination Summary

Student's name:		
School:		Grade:
Parent's Name:		
Address:		
Home Phone:		Work Phone:
Student Referred by:		Date of Referral:      Date of Meeting:
<b>The Section 504 Team reviewed and carefully considered the following data that was gathered from the following sources, including the Referral Document. (Please check all that apply.)</b>		
<input type="checkbox"/>	Grade reports	<input type="checkbox"/> Teacher/Administrator input
<input type="checkbox"/>	Disciplinary records/referrals	<input type="checkbox"/> Student work portfolio
<input type="checkbox"/>	Standardized Tests/Other Assessments	<input type="checkbox"/> School Health Information
<input type="checkbox"/>	Medical Evaluations/diagnoses from parents	<input type="checkbox"/> Other:
<input type="checkbox"/>	Parent input	<input type="checkbox"/> Other:
<b>YES</b>	<b>NO</b>	<b>Based on the evaluation data gathered from a variety of sources, the Section 504 Team answered the following questions to determine Section 504 identification:</b>
		1. Does the student have a physical or mental impairment? If so, please describe the impairment.
		2. Does the physical or mental impairment affect one or more major life activities? If so, which major life activity or activities is/are affected?
		3. Does the physical or mental impairment substantially limit a major life activity?
		4. Does the student need Section 504 accommodations?
<i>If <b>all four</b> questions were answered "Yes," the student is identified for accommodations under Section 504, and the Section 504 Accommodation Plan should be developed. If any answer is "No," the student is not identified.</i>		
<b>The Section 504 Team's analysis of the identification criteria as applied to the evaluation data indicates that:</b>		
<input type="checkbox"/>	The student is not identified for services under Section 504 and will continue to receive general education and any available regular education resources and programs.	
<input type="checkbox"/>	The student is identified under Section 504 and will receive a Section 504 Plan which governs the provision of 504 services to the student.	
<input type="checkbox"/>	The student remains identified under Section 504 and will receive an updated Section 504 Plan, which governs the provision of 504 services to the student. (Annual and 3-year evaluations only)	
<input type="checkbox"/>	The student is no longer identified for Section 504 and is exited from the program. The student will now receive general education without Section 504 services.	
<input type="checkbox"/>	Other:	



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Signatures and Printed Names	Position	Agree	Disagree
	Parent		
	504 Coordinator		
	Teacher		
	School Administrator or Designee		
	Person knowledgeable of the child		
	Person knowledgeable of the evaluation results		
	Other:		
	Other:		
	Other:		