



**SECTION 504 EVALUATION SUMMARY FORM**

Student Name		School	
Date of Birth		Date of Meeting	
Grade		Date of Next Review	

**I. Medical Information**

Health, Physical, or Mental Impairment(s)		
Diagnosis/Diagnoses	Allergies	Medications
Has documentation from a licensed or otherwise qualified medical, health, or clinical practitioner been obtained to verify the information above?		
<input type="checkbox"/>	Yes	<i>Date of documentation:</i>
<input type="checkbox"/>	No	<i>Name of practitioner:</i>

**II. Records Review**

Has the student been previously evaluated under IDEA or Section 504?

Yes       NO  
 *IDEA*      Date:   
 *504*      Date:

<i>Yes</i>	<i>No</i>	<i>Cumulative File Data</i>
		Is the student's hearing normal?
		Is the student's vision normal?
		Are there any health problems?
		Is there a concern with attendance?
		Frequent changes in schools?

**III. Grades** (current and last quarter)

See attached grade report

<i>Comments:</i>
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**IV. Evaluation Results**

See attached 504 Evaluation Report

<b>Academics:</b> Include names of tests and/or rating scales, scores, observations and date(s) information was obtained.	
	See attached grades
	See attached classroom observations
	See attached academic screening results
<i>Comments:</i>	

<b>Social/Emotional/Behavioral Assessment Results:</b> Include names of tests and/or rating scales, scores, observations and date(s) information was obtained.	
	See attached 504 evaluation report
	See attached classroom observations
	See attached behavior rating scales
<i>Comments:</i>	

<b>Other.</b> Include any other additional information	
	See attached progress reports
	See attached communication from teachers
	See attached Social-Developmental History
	See attached informal inventories
	See attached student work samples
	See attached documentation from parent, teacher, counselors, or other professionals

*Comments:*

**V. The following persons, as indicated by their signatures, have participated in this 504 meeting:**

<b>Signature</b>	<b>Position</b>