

**Weatherford Independent School District
Section 504
Evaluation Summary and Accommodation Plan**

Student Name: _____

Date of Birth: _____ **Grade:** _____

1. Participants of the 504 Team Meeting

Participants Signature	Relationship to child
	Parent
	Adult Student
	Teacher
	Administrator
	Evaluation Personnel or 504 Coordinator

2. The following information has been reviewed and is attached

Information from Parents	Information from Teachers
Information from Educational Records	Health History
Home Language Survey	Other assessment scores
Other	Other

3. yes no **The parent received notice of the meeting and her Section 504 rights, documentation of which is attached.**

4. The purpose of this meeting is to:

- Consider a student for 504 accommodations and eligibility
- Consider terminating 504 accommodations and eligibility for a student
- Review students 504 accommodations

5. **For a student to be eligible for a 504 plan, the student must meet all three of the following criteria. It must be because of this disability that the student is unable to gain equal access and benefit from school programs and services.**

- **A physical or mental impairment (has a history of having a physical or mental impairment)**
- **That substantially limits**
- **One or more major life activities**

a. **Based on this definition and the review of existing data:**

- a. yes no Does the student have a disability or handicap that **substantially** limits one or more life activities?

Explain: _____

b. If "Yes" which of the following major life activities is being **substantially** limited by the disability or handicap?

Learning _____ Seeing _____ Hearing _____ Breathing _____

Walking _____ Speaking _____ Working _____ Caring for self _____

Other (describe) _____

c. yes no Does the disability impact the student's ability to receive equal access and benefit from school programs and services?

6. If the eligibility team answered "Yes" to question a-c and the team identified a major life activity that is substantially limited by this condition, the student is eligible for a 504 accommodation plan. The eligibility team is to proceed item 8.

7. If the eligibility team answered "No", complete this eligibility meeting by documenting the team's rationale in the space below.

8. A 504 accommodation is any change in the students educational environment that :
- a. Alters the way instruction is delivered or the way mastery of the curriculum is exhibited
 - b. or provides equal access to the curriculum or physical site where the curriculum is presented
 - c. is made available to students on all state tests
 - d. does not change the TEKS or expected mastery level for the TEKS
 - e. is not readily available to all students

The following are recommended accommodations based on this student's suspected disability.

Specific accommodations and the person(s) who are responsible for implementing them:

Accommodation	Person(s)Responsible
Physical Environment (i.e. elevator key, special desk)	
1.	
2.	
3.	
Method of Delivery of Instruction (i.e. taped texts, note taking support, content mastery)	
1.	
2.	
3.	
Method of demonstration of mastery (i.e. Taped assignments, extended time for assignment, alternative assignment)	
1.	
2.	
3.	
Behavioral Support(i.e. ability to leave room, cooling off time, sit in front of room)	
1.	
2.	
3.	
Other:	
1.	
2.	
3.	
4.	
5.	

Student Name: _____

Date: _____

9. Besides the above accommodations, additional, specific responsibilities may be assigned to help the student be successful.

a. Student responsibilities:

b. Parent/guardian responsibilities:

c. School staff responsibilities:

d. Other accommodations and related services that will be provided the student and individuals for arranging and/or providing them:

10. Provide a copy of this plan to all individuals responsible for implementation and team members