

**ORLEANS PARISH SCHOOL BOARD
SECTION 504 EVALUATION-DETERMINATION OF ELIGIBILITY**

Name: _____

DOB: _____

III. Determination of Eligibility:

1. Does the student have a physical or mental impairment(s)? **Yes*** **No**

Specify the mental or physical impairment(s): Characteristics of _____

*An Individual Health Plan (IHP) **MUST** be filled out by the nurse and Form 11, Section 504 Checklist for Students with Medical Disabilities, must be completed if the student has a medical disability.

If the disability is *Dyslexia*, then the student is recommended to participate in a Multisensory Structured Language Program (MSLP). Refer to Bulletin 1903.

2. What major life activity(ies) is/are affected by this condition and to what degree?

Place an “x” in the appropriate space to indicate the specific degree that the impairment limits the major life activity:

- Committee focuses and emphasizes the major life activity as a whole (e.g., learning) not a particular class (e.g. geometry).
- Discount from the analysis sub-par performance due to other factors such as normal moods, lack of motivation and the immediate situation or environment.
- Use the average student in the general population as the frame of reference for the purpose of comparison.

<i>Life Activities</i>	<i>Mildly</i>	<i>Moderately</i>	<i>Substantially</i>	<i>Extensively</i>
Self Care				
Walking				
Seeing				
Hearing				
Breathing				
Learning				
Working				
Speaking				
Manual Tasks				
(Other)				

The impairment(s) must substantially/extensively limit the indicated major life activity to meet Section 504 eligibility requirements.

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Results of the Section 504 Evaluation:

INITIAL EVALUATION

_____ **Student has a physical or mental impairment which substantially limits one or more major life activities.** Regular classroom accommodations will be identified on an **Individual Accommodation Plan (IAP).**

_____ **Student is eligible under section 504; however, needs no accommodations at this time.** An IAP is completed, signed by the committee and reviewed annually.

_____ **Student is not eligible under Section 504.**

REEVALUATION

_____ **Student continues to be eligible under Section 504 and will receive an updated IAP according to the reevaluation.**

_____ **Student continues to be eligible under section 504; however, needs no accommodations at this time.** An IAP is completed, signed by committee and reviewed annually.

_____ **Student is no longer eligible under Section 504 according to the reevaluation.** An annual review is no longer needed. The student may be reconsidered for eligibility at any time through the SAT process.

We certify that this report represents the best, integrated description of this student at this time. The evaluation meets the criteria for eligibility and required evaluation procedures for the disabling condition(s) listed above. It was determined that the following factors did not interfere with the reliability of the evaluation data for the total evaluation process: evaluation conditions, rapport, motivation, length of examination, communication, race, or sex.

Signatures of SATeam/504 Team Members participating in the Section 504 Disability Evaluation*

_____ Section 504 Chairperson	_____ Referring Teacher	_____ Parent (received Rights & Grievance Procedures)
_____ Principal	_____ Additional Person Knowledgeable of Student and/or Disability	_____ Additional Person Knowledgeable of Student and/or Disability

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*The Section 504 Committee **must** consist of a minimum of **three** members knowledgeable of the student and/or the disability.