

# New Prague Area Schools

Independent School District No. 721

Website: [www.np.k12.mn.us](http://www.np.k12.mn.us)



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## FORM 4

### Section 504 Evaluation Summary And Educational Plan

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Meeting: \_\_\_\_\_ Building: \_\_\_\_\_

**Type of Evaluation:** ( ) Initial ( ) Review/Re-evaluation Grade: \_\_\_\_\_

#### Team Participants:

Name	Title/Relationship to Student

- State the reason(s) the Student is being evaluated under Section 504 (describe the nature of the concern):

#### Types of Information Considered during Evaluation:

- \_\_\_\_\_ Referral information
- \_\_\_\_\_ Information from parent/guardian
- \_\_\_\_\_ Information from physician/medical provider
- \_\_\_\_\_ Staff observations
- \_\_\_\_\_ Standardized assessments
- \_\_\_\_\_ Academic achievement
- \_\_\_\_\_ Grades
- \_\_\_\_\_ Work samples
- \_\_\_\_\_ Other (specify) \_\_\_\_\_



**Determination of Eligibility under Section 504:**

1. Does the student have a mental or physical impairment?  
     Yes  
     No
  
2. If the answer to #1 is yes, does the impairment limit one or more major life activities?  
     Yes  
     No
  
3. If the answer to #2 is yes, describe how the impairment limits one or more major life activities.
  
4. If the answer to #2 is yes, is the limitation substantial as compared to an average student?  
     Yes  
     No

<b>Impact on Major Life Activities Compared to Average Student</b>						
	<b>Ineligible For 504</b>				<b>Eligible for 504</b>	
	0 None	1 Minimal	2 Mild	3 Moderate	4 Substantial	5 Extreme
Breathing						
Communicating						
Seeing						
Hearing						
Speaking						
Walking						
Working						
Learning						
Reading						
Concentrating						
Thinking						
Working						
Lifting						

5. State why the team has determined that the impairment substantially limits, or does not substantially limit, a major life activity.
  
6. If the answer to #4 is yes, the student is an individual with a disability and is entitled to protections under Section 504. Proceed to consideration of Section 504 Accommodations Plan.



**Summary of Evaluation Data:**

**Determination of Whether the Pupil has a Disability under Section 504**

\_\_\_\_\_ Student does NOT have a physical or mental disability which substantially limits one or more major life activities, such as caring for one's self, performing manual tasks, seeing, hearing, breathing, and learning.

\_\_\_\_\_ Student HAS a physical or mental disability which substantially limits one or more major life activities, such as caring for him/herself, performing manual tasks, seeing, hearing, breathing, working, and learning.

\_\_\_\_\_ Student does NOT have a disability under the Individuals with Disabilities Act (IDEA)  
or  
\_\_\_\_\_ Student does NOT need special education

Note: If the student is disabled under IDEA and needs special education, use Special Education Due Process Forms: NOT THIS FORM.



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## Section 504 Educational Plan

### Type of Plan:

- Initial Plan       Referral was completed and submitted to Section 504 Coordinator  
 Review / Continuing Plan

Projected Duration of this 504 Plan: \_\_\_\_\_ School Year

### TEAM PARTICIPANTS

Name	Signature	Date

**Description of Educational Strategies** (Specific accommodations, related services, or supplementary aids needed by the pupil to benefit from his/her education. For each area identified, include as appropriate, the: amount of services needed each week and day (e.g. for medical reasons), goals' objectives, educational setting in which services will be provided, staff responsible for providing the service, special equipment or adaptive devices required, and duration of services – which must be reviewed at least annually.)

### Specific Accommodations:



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**Note:** *Pupil's file must contain documentation of the following: Notice to parent about evaluation, education planning, and provision of procedural safeguards, including right to request an impartial hearing and review procedure.*

**Distribution of Section 504 Accommodation Plan**

- A copy of this Accommodation Plan will be provided to \_\_\_\_\_'s teachers (including any Substitute teachers), paraprofessionals who work in the classroom with \_\_\_\_\_, and Administrative personnel at the school.

**Review**

- This Accommodation Plan will be reviewed at least annually by a group of individuals Knowledgeable about \_\_\_\_\_, including his/her parent, teacher, the nurse, and the building Principal. The parent may ask to review this Accommodation Plan during the school year.

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**SIGNATURE PAGE:**

**Parent(s), Guardian(s), Student:**

I have participated in the Section 504 process and have received a copy of the Section 504 Plan:

\_\_\_\_\_  
Parent/Guardians Date

\_\_\_\_\_  
Parent/Guardians Date

I have received a copy of the Section 504 Plan (if appropriate)

\_\_\_\_\_  
Student Date

**School Staff: Procedural Safeguards**

**Have parents/guardians been given the Notice of Procedural Safeguards? Is the signed Acknowledgement of Receipt of Notice of Procedural Safeguards form attached?**

( ) Yes, see attached form                      ( ) No