

Woodridge Local School District

SECTION 504 IAT SUMMARY EVALUATION REPORT

Personal Information:

Student Name: _____ DOB: _____

Sex: M () F () Grade: _____ School: _____ ID# _____

Student Address: _____ City: _____ Zip Code: _____

Parent Name: _____ Phone: (home) _____
 (work) _____
 (cell) _____

The team met on _____ (date).

The Notice of Section 504/ADA Procedural Information and Rights was presented with explanation by _____

Conference Type: Initial _____ Case Review _____ Re-evaluation _____
 Conference Date: _____

Sources of Information Considered by IAT in Determining Eligibility:

_____ Parent Recommendation	_____ Physician Diagnosis
_____ Educational Evaluation/Performance	_____ Major Health Problem
_____ Teacher Observation/Recommendation	_____ Behavioral Evaluation/Performance
_____ Ineligibility for Services under IDEIA	_____ Other _____

Summary of data and evaluation information that was presented _____

Committee Determinations:

1. The student has a physical or mental impairment. _____ Yes _____ No

*See attached documentation of medical condition.

- | | | |
|----------------------------------------------------------|----------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Dyslexia | <input type="checkbox"/> Muscular Dystrophy |
| <input type="checkbox"/> Attention Deficit Disorder/ADHD | <input type="checkbox"/> Emergent Allergy | <input type="checkbox"/> Orthopedic Impairment |
| <input type="checkbox"/> Brain Injury | <input type="checkbox"/> Emotional Illness | <input type="checkbox"/> Recovering Chemically Dependent |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Speech Impairment |
| <input type="checkbox"/> Developmental Aphasia | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Visual Impairment |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Minimal Brain Dysfunction | <input type="checkbox"/> Other: _____ |
| | <input type="checkbox"/> Multiple Sclerosis | |

List attached sources of documentation:

2. If student has a physical or mental impairment in #1 above, does the impairment result in a substantial limitation of one or more major life activity(ies)?

_____ Yes _____ No

List attached sources of documentation related to extent of limitation or lack of limitation for each condition identified in Section 1:

Summarize the impairment for each condition identified in Section 1 in relation to the average student:

3. Identify any major life activities or major bodily functions that are substantially limited.

a. Circle any major life activities that are substantially limited:

Bending
Breathing
Caring for one's self
Communicating
Concentrating
Eating
Hearing
Learning
Lifting
Performing manual tasks

Reading
Seeing
Sleeping
Speaking
Standing
Thinking
Walking
Working
Other: _____

b. Circle any major bodily functions that are substantially limited:

Bladder
Bowel
Brain
Circulatory/Cardiovascular System
Digestive System
Endocrine System
Immune System

Neurological System
Normal Cell Growth
Respiratory System
Reproduction
Other: _____

Determination:

The student is eligible under Section 504/ADA as a person with a disability for the following conditions.

Does this student need regular or special education and related aids and services, including but not limited to, accommodations/modifications/interventions?

No

Explain: _____

Yes

Indicate the type of plan to be written: _____

The student is not eligible under Section 504/ADA as a person with a disability.

Does this student nevertheless need accommodations/modifications/interventions?

No

Explain: _____

Yes

Indicate the type of plan to be written: _____

Recommendations:

_____ A Section 504 Plan is recommended and attached.

_____ The student does not have a physical or mental impairment that substantially limits a major life activity and is not eligible for a Section 504 Plan.

_____ The student has an impairment that substantially limits a major life activity, but does not require a Section 504 Plan.

_____ Other _____

Review Date: _____

Intervention Assistance Team:

Principal _____

Teacher _____

Counselor _____

Other _____

Parent(s)/Guardian _____

Nurse _____

Psychologist _____

Other _____

Acknowledgment:

I received a copy of the Notice of Section 504/ADA Procedural Information and Rights for the current year.

I agree with the IAT's recommendations as stated above.

I disagree with the IAT's recommendations as stated above. (Please attach a sheet outlining those areas of the recommendations with which you disagree.)

Parent/Guardian Signature _____ **Date** _____

For Office Use Only

Copies to: District 504 Coordinator School Counselor/District Health Coordinator
 Parent(s) Files Building Administrator

1/16/07
10/19/10