

**VASHON ISLAND SCHOOL DISTRICT  
SECTION 504 SCREENING/EVALUATION REPORT**

Student Name \_\_\_\_\_ Date: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Parent(s) Name(s): \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

**Evaluation Report**

The 504 Team is to include individuals who are knowledgeable about the student, the student's disability, and the meaning of the data/information reviewed. The information reviewed by the 504 Team should be current and focus on the area of concern.

1. Area(s) of concern:

2. Summary of formal performance data reviewed:

3. Summary of staff reports/comments:

Student Name: \_\_\_\_\_

Today's Date \_\_\_\_\_

4. Summary of parent(s)/guardian(s) report/comments:

5. Other pertinent information:

Based on the team's findings answer the following questions.

1. What is the student's disability?

2. Does the student have a disability that **substantially** limits one or more major life activities?

Explain:

3. 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):

4. Does the disability impact the student's ability to participate in and benefit from school programs and services? Yes \_\_\_ No \_\_\_

Student Name: \_\_\_\_\_

Today's Date \_\_\_\_\_

5. What are the present levels of performance and the educational needs of the student?

6. Do any additions or modifications need to be made to enable the student to have a free appropriate education?

- If the 504 Team answered "Yes" to question 2 and 3 and the team identified a major life activity that is substantially limited by this condition, the student is eligible for a 504 plan. The 504 Team is to proceed to 504 Plan development.

- If the 504 Team answered "No" complete this eligibility meeting by documenting the team's rationale in the space below.

Student Name: \_\_\_\_\_

Today's Date \_\_\_\_\_

6. Evaluation team signatures:

**Name:**

**Title:**

**Date:**


7. Parent/Guardian statements:

\_\_\_\_\_ I received a written notice of my rights under Section 504.

\_\_\_\_\_ I received notice of the Section 504 evaluation..

\_\_\_\_\_ I understand that, if I disagree with this evaluation, I the right to ask for a review by the District 504 Coordinator. I also understand that I have the right to ask for a due process hearing by filing a written request with the school principal, building 504 coordinator or designee.

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

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

- File this original 504 Evaluation with the Director of Student Services. A copy must be placed in the student's Section 504 file maintained at the school. The current Section 504 Evaluation should be maintained at the student's current school and separate from the student's cumulative file.