

Spencer County School District

SECTION 504 EVALUATION SUMMARY

(Complete relevant sections)

Name _____

DOB _____

Parent/Guardian _____

Has student been previously evaluated as eligible under IDEA?

____ Yes ____ No

A. Sources of Information Reviewed:

Cumulative File Data

____ Yes ____ No

Is the student's hearing normal?

____ Yes ____ No

Is the student's vision normal?

____ Yes ____ No

Are there any health problems?

____ Yes ____ No

Has the attendance been regular?

____ Yes ____ No

Has the student changed schools frequently?

Comments:

B. Grades (last 3 years)

Math

Language Arts

Social Studies

Science

Physical Education

Comments:

C. Evaluation Results

1. Academic Results:

Evaluator: _____

Date of Evaluation/Observation:

2. Regular Classroom Performance:
Reporting Teacher _____

Date of Evaluation/Observation

3. Social/Emotional/Behavioral Assessment Results:
Evaluator: _____

Date of Evaluation/Observation:

4. Medical/Physical/Sensory Assessment Results:
Evaluator: _____

Date of Evaluation/Observation:

5. Other Assessment Results: Type: _____
Evaluator: _____

Date of Evaluation/Observation:

6. Observation

A. Observation by: _____

B. Location: _____

C. Date: _____

D. Relevant Behavior: _____

E. Relationship of that behavior to educational performance:

D. Other Sources Considered

Sources

1. Parent Data/Developmental History
2. Informal Inventories
3. Student Work Samples
4. Interviews/Documentation
with counselors, teachers,
medical professionals,
other professionals

Report Attached

E. General Program Recommendations

1. ___ Academics ___ Non-academics ___ Transportation
 ___ Physical Accessibility ___ Specialized Health Care ___ Discipline
 ___ Career/ ___ Behavior ___ Other
 ___ Vocational Counseling

2. Special Health Considerations: _____

3. Special Instructional Considerations: _____

Documentation of Participation in this Evaluation Meeting

The following persons, as indicated by their signatures, have participated in the determination of eligibility: (They are knowledgeable about the student; the meaning of the evaluation data; and the placement options.)

Signature

Date

504 Coordinator

General Education Teacher

Parent

Other _____

Other _____

Other _____