

SECTION 504 IAT CONFERENCE REPORT

Personal Information:

Student Name: _____ DOB: _____

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

Student Address: _____ City: _____ Zip Code: _____

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

The Notice of Parent/Student 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
 If yes, what is the impairment? _____
 If no, the student is not eligible for accommodations under Section 504.

2. If student has impairment in #1 above, does the impairment **substantially limit** a major life activity? _____ Yes _____ No
Major life activities include: caring for oneself; performing manual tasks; walking; seeing; hearing; speaking; breathing; learning; working; etc.
 If yes, describe the major life activity and how it is substantially limited as a result of the disability (i.e., provide a school-related description of the impairment, including its severity, duration whether it provides a substantial limitation).

If no, the student is not eligible for accommodations under Section 504.

3. If the answers to #'s 1 and 2 above were both yes, does the student require a Section 504 Accommodation Plan in order to receive an appropriate education? _____ Yes _____ No
 If yes, the committee must complete a Section 504 Accommodation Plan and include it as a part of this report.
 If no, the student is not eligible for accommodations under Section 504.

Recommendations:

- A Section 504 Accommodation 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 accommodations under Section 504.
- The student has an impairment that substantially limits a major life activity, but does not require a Section 504 Accommodation Plan.
- Other _____

Review Date: _____

Committee:

- Principal _____
- Teacher _____
- Counselor _____
- Other _____

- Parent(s)/Guardian _____
- Nurse _____
- Psychologist _____
- Other _____

Acknowledgment:

- I am aware of my rights under Section 504. I agree with the IAT Committee recommendations as stated above.
- I am aware of my rights under Section 504. 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** _____

Copies to: Parent/Guardian Cumulative Folder