**Purpose of Evaluation**

Initial referral for Section 504 plan consideration within MTSS/PBIS interventions

Triennial re-evaluation

Additional services or changes to existing 504 plan

Transitional 504 meeting (Student enters a new school with an existing 504 plan)

Termination of 504 plan (student is no longer eligible for 504 plan)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Student ID | 20399611 | | Birth Date | | 10/20/2011 | | | Date | 11/14/2019 |
| Last Name | Ladue | | | First Name | | Kelly | | | |
| School | Monroe ES | | | | | | | Grade | 2 |
| Student’s Primary Language | | English | | | | CELDT Level | N/A | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Parent/Guardian | Ruth Anne Ladue | | | | | Primary Language | | English | | |
| Home Address | 2694 19th Ave. | | | City | San Francisco | | | Zip Code | | 94116 |
| Home Phone | (415) 682-8246 | | Cell Phone | | (650) 576-3199 | | Work Phone | |  | |
| Parent/Guardian Email address | | house@teddyb.org | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Parent/Guardian |  | | | | | Primary Language | |  | | |
| Home Address |  | | | City |  | | | Zip Code | |  |
| Home Phone |  | | Cell Phone | |  | | Work Phone | |  | |
| Parent/Guardian Email address | |  | | | | | | | | |

**Required Documents for Evaluation**

* Parent Consent (504-1) **Date Received**: 11/14/19
* Notice of Parent/Guardian and Student Rights (504-2) **Date Given**: 11/14/19

(Make copy of signed Parent/Guardian and Student Rights for evaluation packet)

**Additional 504 Forms to be completed for Evaluation:**

504-3 Eligibility Review (Information gathering; should be reviewed/completed by 504 Coordinator BEFORE the 504 meeting)

504-4 Eligibility Determination

Student Name:Ladue, Kelly ID: 20113996

**Section 504 Eligibility Review**

**(504-3)**

**Records Review/Information Gathering:**

**Describe suspected disability that may be substantially limiting a major life activity**

1. **Physical Health:** Information from health provider, medical reports, Emergency Care Plans/Individualized Healthcare Plan (IHP).

* Is there an impairment that substantially limits one or more major life activities?

**Mental Health and Family History:** Include information from health provider, medical reports, mental health referrals, diagnosis, and current services (therapist/agency contact information).

* Is there an impairment that substantially limits one or more major life activities?

Per KJ Cottrell, MD, pediatrician's letter, student has been diagnsed with Attention Deficit Hyperactivity Disorder (ADHD.) According to emergency card, student is taking Ritalin since April 2019.

1. **Behavioral:** Review discipline records, behavior support contracts, classroom observations, office referrals, behavioral observations, and other current and past evidenced-based interventions. Provide summary of interventions including monitoring tools used and the resulting outcome data. Describe the student’s ability to access education. [*Note: If a behavioral disability (or mental health disability affecting behavior) is suspected, and no documentation of a disability is available, a Behavioral Observation must be completed by a trained SFUSD support staff member before determining eligibility for a 504 plan.*]

* Is there an impairment that substantially limits one or more major life activities?

Difficulty focusing which makes it hard for student to access academic instruction. More support for instructions, transitions in terms of cleaning, needs more time to finish an activity. Priorotizing when a problem is an emergency or not. No major disruption in class that disrupts the whole class.

**Checklist:**

Behavioral Observation Form completed and attached

School psychologist consulted:

Special education evaluation is recommended

Special education evaluation is not recommended at this time

Additional recommendations attached

1. **Academic performance**: Review grades, current assessments (e.g. Fountas and Pinnell), teacher comments on report cards, progress reports, SST notes, standardized tests, and evaluations/reports completed by an outside source/agency. Include current and past interventions, monitoring tools used and the resulting outcome data. Is there evidence that the student has a problem in learning or accessing education?

* Is there an impairment that substantially limits one or more major life activities?

ADHD diagnosis and being on medication makes it difficult for student to access and succeed academic instruction. Most challenging area is Spanish word study and phonics partially because of the processing challenges. Not yet meeting expectations in reading and writing.

1. **Attendance**: review attendance records. Include SST and SARB documentation, current and past interventions and the resulting outcome data.

* Is this an area that substantially limits one or more major life activities or access to learning?

Attendance is not a problem with this student.

**Note:** *At any time, if this evaluation does not sufficiently demonstrate a disability under Section 504 and/or that learning (or other major life activities) is significantly impaired, a formal assessment may be indicated.*

Student Name: Ladue, Kelly ID: 20399611

**Section 504 Eligibility Determination**

**(504-4)**

**504 Meeting Participants:** Section 504 requires that “a group of persons, including persons knowledgeable about the child, the meaning of evaluation data, and placement recommendations” make eligibility and accommodation or placement/services decisions for students.

**Section 504 Eligibility Inquiry: “Does the student have a physical or mental impairment that substantially limits one or more major life activities?”** The 504 team needs to answer the following two questions.

1. **Mental or Physical Impairment**: (Document discussion here, including the reasoning and the sources of information that were considered. Attach extra sheets of paper as needed.)

Describe the nature (or possible diagnosis) of the suspected mental or physical impairment and the source of information.

Per pediatrician, diagnosed with ADHD. On Medication? Ritalin ER?

**Does the student have a mental or physical impairment (including behavioral issues that significantly impede the student from accessing education)?**

Team Conclusion:  Yes  No (Skip #2, student is not eligible)

1. **Major Life Activity and Substantial Limitation**. (Document discussion here, including reasoning and what sources of information were considered. Attach extra sheets of paper as needed.)

State the major life activities which are thought to be substantially limited.

Student has difficulty focusing it is difficulty accessing academic instruction without a lot of teacher interventions.

Describe how the suspected impairment may substantially limit the above major life activity

/-ies.

Difficulty accessing academic instruction. Student is low academically in reading and writing in SP.

**Does the impairment(s) substantially limit one or more major life activities?**

Team Conclusion:  Yes  No

**The 504 Team analysis of the eligibility questions indicate:** (Check one.)

The student is eligible under Section 504 and will receive a 504 Plan. The 504 Team continue on now to develop the 504 Plan appropriate for the student, or schedule a subsequent meeting for this purpose.

The student is not eligible for services/accommodations under Section 504 as the impairment does not meet the above criteria.

The student is eligible under Section 504 but does not require accommodations/ services at this time.

(Re-evaluation) The student remains eligible under Section 504 and will receive an updated 504 Plan.

(Re-evaluation) The student is no longer eligible under Section 504 and is exited from the program. Student will receive general education without Section 504.

Name:      ,       ID:

**Section 504 Eligibility Determination**

**(504-4)**

**Accommodations**

|  |  |  |  |
| --- | --- | --- | --- |
| Specific Need: | Accommodations/Services: | Start Date | End Date |
| Focusing | Sit her front and center, nearest the teacher | 11/14/19 |  |
| Who will implement the accommodations: | | |
| Teacher | | |
| Specific Need: | Accommodations/Services: | Start Date | End Date |
| Focusing | Increase space around desks/children if and when is posible and necessary | 11/14/19 |  |
| Who will implement the accommodations: | | |
| Teacher | | |
| Specific Need: | Accommodations/Services: | Start Date | End Date |
| Giving Direction | Break assignments into small parts with breaks and feedback for each section. Explain asignments or otherwise or otherwise be involved in presenting. Establish a planner/assignment notebook and assist student to be consistent with it. Use written and verbal explanations, especially | 11/14/19 |  |
| Who will implement the accommodations: | | |
| Teacher/Parents | | |
| Specific Need: | Accommodations: | Start Date | End Date |
| Feedback | Give frequent positive feedback; notice and comment on appropriate behavior. Immediate feedback either positive or to redirect. Create a code word for the teacher to remind student to get back on track. Teacher should ignore small behaviors and avoid rewarding them with attention. | 11/14/19 |  |
| Who will implement the accommodations: | | |
| Teacher | | |
| Specific Need: | Accommodations: | Start Date | End Date |
| Wellness break | Peace corner, classroom library, headphone to block out noise, and seating options | 11/14/19 |  |
| Who will implement the accommodation: | | |
| Teacher | | |
| Specific Need: | Accommodations: | Start Date | End Date |
| Tranitions | Give warning for transitions every time. If teacher is able, stand near student during those transitions and announcements. | 11/14/19 |  |
| Who will implement the accommodation: | | |
| Teacher | | |

Name:      ,       ID:

**Section 504 Eligibility Determination**

**(504-4)**

Signatures of Participants indicating, “I agree with the **504 Eligibility Determination** and with the **504 Accommodations** in this document.”

|  |  |  |  |
| --- | --- | --- | --- |
| **Role / Title** | **Name** | **Signature** | **Date** |
| Parent / Guardian | Ruth Anne Ladue |  | 11/14/19 |
| Parent / Guardian |  |  |  |
| Student (if present) |  |  |  |
| Administrator | Thor Boucher |  |  |
| Teacher | Claire Wernecke |  |  |
| Teacher |  |  |  |
| Teacher |  |  |  |
| School District Nurse |  |  |  |
| School Counselor |  |  |  |
| School Social Worker | Carmen Alvarado |  |  |
| School Psychologist |  |  |  |
| Site 504 Coordinator | Carmen Alvarado |  |  |
|  |  |  |  |
|  |  |  |  |

**Next Steps**: Make copies of 504 plan.

1. Give copy of 504 Plan to parent/guardian.
2. Place a copy of 504 Plan in the student’s cum file.
3. Give a list of accommodations to teachers.
4. Send the original 504 document, including a signed copy of “Notice of Parent / Guardian & Student Rights” to: *District 504 Coordinator, School Health Programs, 1515 Quintara St., SF, CA 94116*