



FORM F - SECTION 504 FORMAL ASSESSMENT PLAN

Student Name: _____ **DOB:** _____ **Date Sent:** _____

School Site: _____ **Purpose:** ☐ Initial Evaluation ☐ Re-Evaluation

This Section 504 Formal Assessment Plan is proposed to assist in determining your child's specific educational needs. All assessments will be given by appropriately qualified personnel. The assessment will be in the area(s) checked below and may include pupil observation in a group setting, individualized testing, parent/teacher rating scales, and/or an interview with you, your student and/or your student's teacher.

<input type="checkbox"/> academic/pre-academic achievement These observations and test measures may include basic reading and comprehension, written expression, math calculation and reasoning, oral expression and/or listening comprehension. Personnel Responsible _____	<input type="checkbox"/> social/emotional/behavioral status These observations and tests measure the student's ability to build and maintain satisfactory relationships, maintain attention, and demonstrate appropriate behavior across environments. Personnel Responsible _____
<input type="checkbox"/> intellectual development These observations and tests measure the ability to utilize information to problem solve in both familiar and new situations. These tests also reflect learning rate and assist in predicting how well the individual may do in school. Verbal and non-verbal tests may be used. These tests may include the basic psychological processes of auditory, attention, visual and sensory motor. Personnel Responsible _____	<input type="checkbox"/> behavioral assessment A behavioral assessment is considered to be a problem-solving process for addressing a specific problem behavior. It relies on a variety of direct and indirect techniques and strategies to identify the purposes of specific behavior and to help the Section 504 team select interventions to directly address the problem behavior. Personnel Responsible _____
<input type="checkbox"/> language/speech/communication development These observations and tests measure the ability to understand, relate to and use language and speech clearly and appropriately. These tests may also measure auditory processing skills. Personnel Responsible _____	<input type="checkbox"/> self-help/adaptive functioning These observations and tests measure a student's daily living skills and adaptive functioning across different settings. Personnel Responsible _____
<input type="checkbox"/> psycho-motor development These observations and tests measure the ability to coordinate body movements in both small and large muscle activities. These tests may also measure visual perceptual skills. Personnel Responsible _____	<input type="checkbox"/> health/vision/hearing These observations and tests may measure vision, low vision, hearing, health, developmental history and/or medical history, as well as include a review of parent provided medical records. Personnel Responsible _____
<input type="checkbox"/> release of information for medical information This includes speaking with and/or obtaining pertinent existing medical records from student's relevant medical providers (defined as those providers that have already provided prior documentation to the District and/or those providers Parents have previously referenced in conjunction with a request for a 504 evaluation.) The information sought will <u>only</u> be that which is necessary to: 1) determine the existence of a mental/physical impairment; 2) which major life activities are impacted; 3) the degree of limitation such an impairment causes upon those major life activities; <u>and/or</u> 4) recommended school based services and/or accommodations, and the rationale for such recommendations. Personnel Responsible _____	<input type="checkbox"/> additional and/or alternative assessment May include, but is not limited to medical assessments, assistive technology, augmentative and alternative communication, etc. These measures may also be used when typical educational assessments are not advised, may be considered invalid, and/or will not yield sufficient information for an eligibility determination under Section 504. Describe: _____ _____ Personnel Responsible _____

Parent/Guardian Consent

☐ **Yes**, I give my permission to conduct this assessment in whole. I understand that I may not consent to this assessment plan only in part, as each area of assessment checked above is necessary for the team to make a Section 504 eligibility determination.

☐ **No**, I do not give my permission for this assessment. I understand that if I refuse to consent to this assessment plan, and this is an initial assessment request, the District is not required to make an eligibility determination and that my child remains a regular education student in the District. I understand that I may *request* modification to this assessment plan if I do not believe an area of assessment is needed for the multidisciplinary team to make a Section 504 eligibility determination. The District shall respond in writing, to my request to modify this assessment plan, **within 10 calendar days**. If I disagree with the District's response, I may file a request for a Section 504 due process hearing.

I hereby acknowledge receipt of my Section 504 Procedural Safeguards.

Parent Signature: _____ **Date:** _____

Please sign, retain a copy for your own records, and return the original assessment plan to _____ within 15 calendar days.

****For Section 504 Coordinator to Complete:**

Date returned to District: _____

Date by which assessments must be completed, and follow up 504 meeting held: _____