



FORM D REVIEW OF EXISTING DATA ("RED")

Student:		DOB:
Grade:	School:	Date:

Prior IEP? ☐ yes ☐ no **Prior IDEA Evaluation?** ☐ yes (date)_____ ☐ no

Prior 504 Plan? ☐ yes ☐ no **Prior 504 Evaluation?** ☐ yes (date)_____ ☐ no

English Language Learner ☐ yes, language: _____ ☐ no

Existing Individual Health Plan ☐ yes (dated)_____ ☐ no

*** Please Attach and Consider as Part of the RED Meeting**

This Section 504 RED Meeting is being conducted as part of:

☐ Initial Evaluation ☐ Re-Evaluation

I. Current Concern(s): (check as applicable)

- | | |
|--|--|
| <input type="checkbox"/> excessive absences
<input type="checkbox"/> behavioral concerns
<input type="checkbox"/> social/communication concerns
<input type="checkbox"/> recent physical injury
<input type="checkbox"/> substance abuse | <input type="checkbox"/> potential for failing multiple subjects
<input type="checkbox"/> pattern of not benefiting from instruction
<input type="checkbox"/> mental health concerns
<input type="checkbox"/> chronic health condition
<input type="checkbox"/> other_____ |
|--|--|

II. Attendance: Identify number of days absent for **each of the last three grade levels:**

_____ 1 st	_____ 2nd	_____ 3rd	_____ 4th	_____ 5th	_____ 6th
_____ 7 th	_____ 8th	_____ 9th	_____ 10th	_____ 11th	_____ 12th

Identify any absence patterns: _____

III. Attach copies of standardized test results for past three years. Describe any significant changes in scores over time:

IV. Attach current and previous year's grades. Describe any patterns or evident problems:

V. Are there any private educational/psychological/medical evaluations available?

☐ No ☐ Yes If yes, were specific supports recommended? ☐ No ☐ Yes

Describe any services/accommodations recommended:

VI. Attach disciplinary actions for the last two years. Describe any patterns:

VII. Describe general education school based supports already provided to student (e.g. general education counseling, nursing support, Response to Intervention, etc.)

VIII. Describe student involvement with *outside* providers or agencies (court intervention, ongoing medical services, private counseling, private therapy, private tutoring, etc.)

To be eligible and entitled to a FAPE as a student with a disability under Section 504, the student must have a physical or mental impairment that substantially limits a major life activity ("MLA").

Does the student have an already **identified** mental or physical impairment?

☐ yes ☐ no

IF NO: The Section 504 Team should proceed directly to the last page of Form D and check the "additional data is needed" box, and provide Parent(s) with a 504 Assessment Plan (Form F).

IF YES:

1. List the identified mental or physical impairment(s) for this student:

<u>Impairment</u>	<u>Date Identified:</u>
a. _____	_____
b. _____	_____
c. _____	_____

2. List the MLA(s) that are suspected of being affected for each impairment: MLA(s) can include, but are not limited to: eating, sleeping, function of bodily systems, organization, concentrating, classwork completion, homework completion, communicating, emotional self-regulation, etc.

Impairment (a)._____ MLA(s) affected_____

Impairment (b)._____ MLA(s) affected_____

Impairment (c)._____ MLA(s) affected_____

For *EACH* MLA listed above, complete a separate MLA box below.

MLA #1: _____	SUMMARY OF INFORMATION GAINED RELATING TO MLA #1
<input type="checkbox"/> Medical or psycho-educational reports	
<input type="checkbox"/> Parent Input in Referral Form and/or at RED Meeting	
<input type="checkbox"/> Teacher Input Form(s)	
<input type="checkbox"/> Additional Teacher Input at Meeting	
<input type="checkbox"/> School Nurse Input	
<input type="checkbox"/> School Psychologist Input	
<input type="checkbox"/> School Counselor Input	
<input type="checkbox"/> Other: _____	

MLA #2: _____	SUMMARY OF INFORMATION GAINED RELATING TO MLA #2
<input type="checkbox"/> Medical or psycho-educational reports	
<input type="checkbox"/> Parent Input in Referral Form and/or at RED Meeting	
<input type="checkbox"/> Teacher Input Form(s)	
<input type="checkbox"/> Additional Teacher Input at Meeting	
<input type="checkbox"/> School Nurse Input	
<input type="checkbox"/> School Psychologist Input	
<input type="checkbox"/> School Counselor Input	
<input type="checkbox"/> Other: _____	

MLA #3: _____	SUMMARY OF INFORMATION GAINED RELATING TO MLA #3
<input type="checkbox"/> Medical or psycho-educational reports	
<input type="checkbox"/> Parent Input in Referral Form and/or at RED Meeting	
<input type="checkbox"/> Teacher Input Form(s)	
<input type="checkbox"/> Additional Teacher Input at Meeting	
<input type="checkbox"/> School Nurse Input	
<input type="checkbox"/> School Psychologist Input	
<input type="checkbox"/> School Counselor Input	
<input type="checkbox"/> Other: _____	

MLA #4: _____	SUMMARY OF INFORMATION GAINED RELATING TO MLA #4
<input type="checkbox"/> Medical or psycho-educational reports	
<input type="checkbox"/> Parent Input in Referral Form and/or at RED Meeting	
<input type="checkbox"/> Teacher Input Form(s)	
<input type="checkbox"/> Additional Teacher Input at Meeting	
<input type="checkbox"/> School Nurse Input	
<input type="checkbox"/> School Psychologist Input	
<input type="checkbox"/> School Counselor Input	
<input type="checkbox"/> Other: _____	

TEAM CONCLUSIONS AND DECISIONS

Based upon the review of existing data, the Section 504 multidisciplinary team made the following determinations:

☐ **No additional data is needed.**

- Existing data is sufficient to determine whether the student is or is not a disabled student, or in the case of a re-evaluation, whether the student continues to have a disability, as defined by Section 504, and, if eligible, to determine the supports and/or accommodations necessary for the provision of a FAPE.

*Proceed to **Form E**.*

☐ **Additional data is needed. Check all that are applicable:**

- **To Determine Eligibility:** Existing data is not sufficient to determine whether the student is, or in the case of a re-evaluation, continues to be, disabled, as defined by Section 504, and additional formal assessment is necessary.

- **To Determine Necessary Supports/ Accommodations:** Additional formal assessment is necessary to determine what specific supports and/or accommodations are necessary for the provision of a FAPE.

****The District shall provide Parent(s) Form F (Assessment Plan) within 5 calendar days.**

- **The Section 504 multi-disciplinary team has agreed to proceed with an IDEA evaluation in lieu of continuing assessment under Section 504.**

****The District shall provide Parent(s) an IDEA assessment plan within 15 calendar days.**

The following individuals participated in the RED Meeting:

Printed Name	Initials	Position	Date
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Printed Name	Initials	Position	Date
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Printed Name	Initials	Position	Date
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Printed Name	Initials	Position	Date
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Printed Name	Initials	Position	Date
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