

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