



BRISTOL VIRGINIA PUBLIC SCHOOLS SECTION 504 ELIGIBILITY MEETING SUMMARY REPORT

Student Name: _____ Date of Birth: _____
School: _____ Grade: _____ Meeting Date: _____
Type of evaluation: Initial Academic Initial Health Re-evaluation
Concerns leading to the referral: _____

Information gathered to review for 504 Committee Action:

Parent Information
Teacher Information
Psychological Evaluation
Educational/Achievement Test
Scholastic Record
State Test Results

Physical Therapy Evaluation
Report Cards
Occupational Therapy Evaluation
Medical/Doctor Report
Other _____

Summary of the major points of discussion:

Yes No Have attendance, cultural, environmental or economic factors been ruled out as the primary attribution for the areas of educational concern?
Yes No Does the student have a physical or mental impairment? If yes, describe:

In what major life activity(ies) or major bodily function(s) does the student display a limitation(s) when the disability(ies) is/are active? Mark all that apply:

Caring for one's self	Concentrating	Seeing
Breathing	Eating	Operation of a major bodily function (Immune system, digestive, normal cell growth, etc)
Reading	Communication	Other: _____
Sleeping	Walking	
Bending	Speaking	
Performing manual tasks	Working	
Hearing	Thinking	
Learning	Lifting	

Yes No Is the student's ability to perform the major life activity(ies) or major bodily function(s), as compared to most people in the general population, noticeably/greatly/considerably limited when the disability(ies) is/are active?

Based on the discussion, the Section 504 Committee has determined the following:

The student IS eligible under Section 504

A 504 plan is required to gain access and will be developed within 30 days

A 504 plan is not required to gain access

The student is also eligible for related services:

The student is NOT eligible under Section 504 Plan.

The 504 Committee has determined additional information is needed prior to a Section 504 Eligibility meeting being conducted. Additional information and consent will be obtained now.

NAME	POSITION	DATE	AGREE	DISAGREE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(Dissenting members must provide a written statement within 7 days to be attached to this summary)

I have received a copy of the Section 504 Committee Action/Eligibility and a copy of the Section 504 Procedural Safeguards.

Parent/Guardian Signature

Date