

504 Check List

This check list is intended to provide basic information and awareness of the Section 504 process

This check list is not intended as a substitute for legal advise.

Note: Special education laws and rules are constantly changing at both the state and federal level.

| Yes | No | Date | From EFMP |
|-----|-----|-------|---|
| ___ | ___ | _____ | Family received EFMP Section 504 plan packet of information materials |
| | | | * Copy of IDEA (IEP) / 504 Flow Chart - Discussion Sheets |
| | | | * Section 504 Plan FAQs |

| Yes | No | Date | From School |
|-----|-----|-------|--|
| ___ | ___ | _____ | Received letter from school notifying of initial Section 504 Meeting |
| ___ | ___ | _____ | Received request for Consent for Section 504 Meeting |
| ___ | ___ | _____ | Who requested meeting? _____ |

For Section 504 Meeting

The following will be identified as reasons for Section 504 Plan

Suspected physical or mental impairment: _____

Which Major Life Activity is affected by impairment:

seeing___ hearing___ caring for self___ breathing___ walking___ working___
learning___ performing manual tasks___ other: _____

How Major Life Activity is affected by impairment: _____

Answering the following questions will help you prepare for the 504 Meeting

| Yes | No | |
|-----|-----|---|
| ___ | ___ | Do you know which school personnel will be attending? |
| | | Teacher: _____ Principal: _____ |
| | | SpecEd: _____ Counselor: _____ |
| | | Other: _____ Other: _____ |
| ___ | ___ | Has your student received any testing or examinations for academics or disabilities? |
| ___ | ___ | Is an Individual Education Plan (IEP) being considered? |
| ___ | ___ | Are you aware of any general interventions previously used in the classroom and the outcomes? |
| ___ | ___ | Do you feel that you have enough information about your child's current academic and functional abilities for this Section 504 meeting? |
| ___ | ___ | Have you considered what accommodations you feel would benefit your child's school participation? _____ |

Item Checklist for the 504 Meeting

| Yes | No | |
|-----|-----|--|
| ___ | ___ | Evaluation Form Completed? Identified reason(s) for 504 |
| ___ | ___ | 504 Coordinator for the school identified? _____ |
| ___ | ___ | Accommodation Plan completed? |
| | | Goals are SMART : S pecific M easurable A ttainable R ealistic and T imely |
| | | Implementation date: _____ |
| | | Responsible parties identified for implementing accommodations? |
| | | When review date? _____ |
| | | Informal follow ups- Who: _____ PH# _____ |
| | | Frequency: _____ When: _____ |
| ___ | ___ | Person passing on 504 Plan to teachers and others identified? Who: _____ |
| ___ | ___ | Have copy of 504 Plan |