

















*Ames Community School District*

**SECTION 504  
MEETING NOTICE**

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**INITIAL MEETING:** \_\_\_\_\_(✓ if applicable)

**CHECKPOINT REVIEW:** \_\_\_\_\_(✓ if applicable)

This is to confirm previous contact with you to hold a 504 meeting regarding your child. The meeting was mutually agreed to by the school and parents to be held on:

**DATE:**

**TIME:**

**LOCATION:**

**A. The purpose of this meeting:** \_\_\_\_\_discuss evaluation results/504 eligibility \_\_\_\_\_review instructional progress  
\_\_\_\_\_review of eligibility \_\_\_\_\_discuss misconduct/infraction as it relates to disability

**B. The following individuals will be present at the meeting:**

- 1) \_\_ School Principal      2) \_\_ Student      3) \_\_ Classroom Teacher(s)      4) \_\_ Guidance Counselor  
5) \_\_ School Psychologist(s)      6) \_\_ Other Specialist(s)      7) \_\_ School Nurse      8) \_\_ Interpreter  
9) \_\_ Other (specify)

*Principal's Signature:*

*Date:*



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(Detach)

**RESPONSE FORM**

**Please complete this section, sign and return to school principal by (date) to:**

1. \_\_\_ I will attend this meeting.      \_\_\_ I will NOT attend this meeting.  
2. \_\_\_ I would like my child to attend this meeting.      \_\_\_ I do NOT want my child to attend this meeting.

Please indicate if there are additional individuals you would like to attend this meeting.  
(List name \_\_\_\_\_)

*Parent/Guardian Signature:*

*Date:*

*Ames Community School District*

**SECTION 504  
ELIGIBILITY DETERMINATION REPORT**

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ SCHOOL/SITE: \_\_\_\_\_  
 GRADE: \_\_\_\_\_ GENDER: \_\_\_\_\_ PARENT/GUARDIAN: \_\_\_\_\_

**1. Summary of Evaluation Information Considered – *Attach any reports***  
*(Informed inventories, testing, teacher reports, student work samples, parent data, medical records, physician reports, student health records, student observations, cumulative folder review)*

**2. Documentation of whether the student has a disability eligible for Section 504 accommodations**

\_\_\_\_ Student Qualifies

A) \_\_\_\_ Has a physical or mental impairment: 1) Physiological disorder, condition, cosmetic disfigurement or anatomical loss effecting various body systems; 2) Any mental or psychological disorder.

*(Identify impairment: \_\_\_\_\_)*

B) \_\_\_\_ Identify major life activities affected by disability (see below)

C) \_\_\_\_ Identify the level of limitation (see below – must be a ‘4’ or above in one or more major life activities to be eligible)

IMPACT OF FUNCTION ON MAJOR LIFE ACTIVITIES						
	Ineligible for 504				Eligible for 504	
	0 None	1 Negligible	2 Mild	3 Moderate	4 Substantial	5 Extreme
Breathing						
Seeing						
Hearing						
Speaking						
Walking						
Mobility						
Learning						
Behavior						
Social/Emotional						
Other						

*Ames Community School District*

**SECTION 504 ELIGIBILITY DETERMINATION**

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\_\_\_\_ **Student DOES NOT** have a physical or mental disability which substantially limits one or more major life activities does not have a record of such an impairment, or is not regarded as having such an impairment.

\_\_\_\_ **Health care plan needed**

\_\_\_\_ **Health care plan written**

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**3. \_\_\_\_ Consider further evaluation pursuant to IDEA**

Student has a physical or mental disability for which an accommodation plan will be written. The team, however, recommends further evaluation pursuant to IDEA due to concern accommodation plan may not meet all of student's needs.

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**4. Eligibility Determination Team Members**

Group of persons knowledgeable about: 1) the student, 2) the disability, 3) interpretation of the evaluation data, and 4) someone who can commit school district resources for accommodations required.

The following persons, as indicated by their signatures, have participated in the determination of eligibility:

<b>Signature</b>	<b>Date</b>	<b>Position</b>
		Administrator or Designee

**SECTION 504  
TERMINATION OF 504 STATUS**

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**NAME:**

**DOB:**

**SCHOOL/SITE:**

**GRADE:**

**GENDER:**

**PARENT/GUARDIAN:**

An agreement has been reached to terminate the existing Section 504 for \_\_\_\_\_.  
Name

This agreement is the result of agreement by the Ames Community School District official currently supervising the plan and the student and/or parent or guardian representation.

Date of Plan Termination:

Signatures:

\_\_\_\_\_  
For the School of ACSD

\_\_\_\_\_  
For the Student or Staff Member













