

# Iron County School District Identification Form: Section 504/ADA

## PART ONE: DOCUMENTATION OF TEAM MEETING

Name of Student: \_\_\_\_\_ DOB: \_\_\_\_\_

Date of 504 Team Meeting: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_

Team Members: (Note: the Team should consist of at least three members of the professional staff. Team Members must be collectively knowledgeable about the student, the meaning of the evaluation data, and the placement options.)

### Information that was reviewed and considered:

The following information provided by the parents: (Note: attach copies of any report, recommendation, or evaluation provided by the parents and summarize any verbal input):

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\_\_\_\_ Grades:

*What school year(s)?* \_\_\_\_\_

\_\_\_\_ Academic testing:

*Tests?* \_\_\_\_\_ *Year(s)?* \_\_\_\_\_

\_\_\_\_ Teacher recommendations:

*What teacher(s)?* \_\_\_\_\_

\_\_\_\_ Behavior records:

*What school year(s)?* \_\_\_\_\_

\_\_\_\_ Attendance records:

*What school year(s)?* \_\_\_\_\_

\_\_\_\_ Other testing or evaluation:

*Be specific:* \_\_\_\_\_

\_\_\_\_ Medical reports, records, recommendations:

*Be specific:* \_\_\_\_\_

\_\_\_\_ Other input:

*Be specific:* \_\_\_\_\_

## PART TWO: CONSIDERATION OF MAJOR LIFE ACTIVITIES

What is the **MAJOR LIFE ACTIVITY** that may be impaired?

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**Note:** if the major life activity is **LEARNING, READING, CONCENTRATING, THINKING, SPEAKING, OR COMMUNICATING**, the Team should **CONSIDER** referring the students for a Full Individual Evaluation to determine eligibility for special education under the Individuals with Disabilities Education Act (IDEA).

If the Team suspects that the student may need specially designed instruction due to impairment of any of these major life activities, the Team must refer the student for a FIE to determine eligibility under IDEA. In that case, the Team will suspend the meeting until a decision is made about special education eligibility. Go to Part Five.

## PART THREE: CONSIDERATION OF IMPAIRMENT

What data has the Team considered to establish that the student has a **PHYSICAL** or **MENTAL IMPAIRMENT**?\*  
Be specific, and list all sources of data:

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**\*NOTE:** if there is no data, or insufficient data, to support the existence of a physical or mental impairment, the school cannot identify the student as an individual with a disability under Section 504/ADA.

Based on the data considered, how long is the impairment expected to affect the student?

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Based upon a review of the data cited above, does the student have a physical or **MENTAL IMPAIRMENT** affecting the **MAJOR LIFE ACTIVITY** to some degree? \_\_\_\_ Yes \_\_\_\_ No

**If —YES**, ... proceed.

**If —NO**, ... the student can be identified as an individual with a disability under Section 504/ADA. However, if the student has a **RECORD** of any physical or mental impairment that substantially limits a major life activity, the student will not be subjected to discrimination based on that record. Furthermore, if the student is erroneously **REGARDED** as having such a physical or mental impairment, the student will not be subjected to discrimination based on that perception. Go to Part Five.

If —YES, ... what is the nature of the IMPAIRMENT of the MAJOR LIFE ACTIVITY?

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#### **PART FOUR: CONSIDERATION OF IMPAIRMENT**

Impairments impact major life activities to varying degrees. If the Team determines that the impairment **SUBSTANTIALLY LIMITS** the student's performance of the **MAJOR LIFE ACTIVITY**, then the student should be identified as an individual with a disability under Section 504 and the ADA.

If the Team determines that the impairment limits the student to a **MILD or MODERATE** degree, then the student should not be identified as an individual with a disability under Section 504 and the ADA. However, the Team may proceed to consider non-disability related accommodations or services that would be helpful to the student, if appropriate.

In assessing the impact of the impairment on the student's performance of the major life activity, the Team will disregard the positive effects of mitigating measures that lessen the impact of the impairment. For example, the Team will disregard medications, medical equipment and supplies, hearing aids, auxiliary aids and services, reasonable accommodations, learned adaptations, and behavioral modifications. The effect of ordinary eyeglasses and/or contact lenses will be considered.

Moreover, with regard to impairments that are episodic or in remission, the Team will consider the impact of the impairment when it is active.

Taking all of that into account:

Does the student's **PHYSICAL or MENTAL IMPAIRMENT** substantially limit the student's performance of the **MAJOR LIFE ACTIVITY** in comparison with how most students in the general population and of the same chronological age perform the major life activity?

\_\_\_\_\_ Yes \_\_\_\_\_ No

#### **PART FIVE: IDENTIFICATION**

\_\_\_\_\_ The Team believes that the student may have a physical or mental impairment that substantially limits learning, or another major life activity, in such a way that the student may require the provision of specially designed instruction. Therefore, the student has been referred for a full individual evaluation to determine eligibility for special education services under the Individuals with Disabilities Education Act. If it is determined that the student is eligible under IDEA, the school will provide a free appropriate public education pursuant to an individual education program for the student. If the student is not eligible for services under IDEA, the 504 Team will reconvene and resume consideration of the student.

**OR**

\_\_\_\_\_ The Team has determined that the student cannot be identified as an individual with a disability under Section 504/ADA because there is no data, or insufficient data, to establish the existence of a physical or mental impairment.

**OR**

\_\_\_\_\_ The Team has determined that the student cannot be identified as an individual with a disability under Section 504/ADA because the student's physical or mental impairment does not substantially limit the student in a major life activity.

**OR**

\_\_\_\_\_ The Team has determined that the student has a physical or mental impairment that substantially limits the student's performance of a major life activity. The impairment is:

- A. Active
- B. Episodic
- C. In remission

*If, and only if, this section is checked, proceed to Part Six.*

## **PART SIX: CONSIDERATION OF ACCOMMODATIONS AND SERVICES**

The Team has **IDENTIFIED** your child as an individual with a disability under Section 504/ADA. This means that you will be entitled to all of the procedural protections  
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provided by Section 504/ADA such as placement in the least restrictive environment, periodic reevaluations, the right to receive notice of certain actions by the school, the right to challenge certain actions of the school through an impartial hearing, and the right to have your child's education individually designed so as to meet his or her needs as well those of non-disabled students. These rights are spelled out in the Notice of Rights and Procedural Protections document that has been provided to you.

In addition, as an individual with a disability under Section 504/ADA your child may need an individual plan of accommodation and/or services. If so, such a plan will be developed by the 504 Team.

\_\_\_\_\_ The child's disability does not presently impair the student's performance of a major life activity in a way that requires any accommodations or services at this time. However, the Team will reconsider the need for an individualized plan 1) at an annual meeting of the 504 Team and 2) at any other time at your request.

\_\_\_\_\_ The child's disability is episodic and thus does not require accommodations or services on a daily or regular basis, but it requires consideration of a plan in the event that the disability becomes active. The plan is attached. The Team will reconsider your child's plan 1) at an annual meeting of the 504 Team and 2) at any other time at your request.

\_\_\_\_\_ The child's disability is active and presently requires accommodations or services in the school setting. The plan is attached. The Team will reconsider your child's plan 1) at an annual meeting of the 504 Team and 2) at any other time at your request.