

Tangipahoa Parish School System

Section 504 Chairperson Assessment Check-List

Student _____ School _____

Date _____ Student ID # _____

I. Student Assistance Team Committee

The following items must be completed and included before submission of the Yellow Tracking Folder to the respective school 504 chairperson. The check-list provides the order in which the items will be filed.

1. _____ Initial Referral to SAT Form (Committee recommendation is "Conduct an assessment to determine Section 504 eligibility.")
2. _____ Notice to Discuss Concerns (Parent or Teacher Referral)
3. _____ Parent Interview Form
4. _____ Teacher Intervention Form
5. _____ SAT Referral Packet (Mandated Attachments)*
6. _____ Request for Parent Participation Form*
7. _____ School Building Level Tracking Log*
8. _____ Screening/Assessment Consent Form*
9. _____ Dyslexia Screening Checklist (if characteristics of dyslexia are suspected)

II. Section 504 Chairperson and Committee (Parent/Student Rights are given to parent at all meetings.)

If the 504 case is a dyslexia referral, the 504 Chairperson request the Act 1120 Screening Specialist to screen student. These forms are to be copied and placed in the Yellow Tracking Folder, as well as the Act 1120 Folder.

1. _____ Dyslexia Assessment Report*
2. _____ Dyslexia Qualification Form*

If the 504 case is an ADHD referral, the 504 Chairperson sends the ADDES (Hawthorne) home and school forms to appropriate persons to be completed. The forms are then sent to the Section 504 Coordinator. The forms are scored and the ADHD Packet is returned to the chairperson. They are placed in the Yellow Tracking Folder, as well as the Act 1120 Folder.

If the 504 case is a medical referral, these items are completed and placed in the Yellow Tracking Folder. Medical conditions must be of great severity and the committee determines that the Health Care Plans are not sufficient. In most cases the Nurse's information is adequate and covers emergency situations.

1. _____ Section 504 Checklist for Students with Medical Conditions*
2. _____ Individual Health Plan and Emergency Plan (nurse)*

For all cases requiring a Section 504 plan because a student has a mental or physical disability that substantially limits one or more major life activities that the average person in the general population can perform, these items are completed:

1. _____ Section 504 Student Assessment and Eligibility Report*
2. _____ IAP and Test Accommodation Verification Form*
3. _____ Section 504 Parent Notification/Oral Interpretation*
4. _____ Section 504 Tracking Form*
5. _____ Section 504 Teacher Verification Form*

*If the student qualifies for Section 504, these items are submitted to 504 Coordinator.