

# KENTUCKY PUBLIC SCHOOL DISTRICT SECTION 504 EVALUATION SUMMARY

## Complete Relevant Sections

Name:

Date of Birth:

Parent/Guardian:

Has student been previously evaluated under IDEA or Section 504?

Yes     No

### I. Sources of Information Reviewed (if applicable):

#### Cumulative File Data

	Yes	No
Is the student's hearing normal?	<input type="checkbox"/>	<input type="checkbox"/>
Is the student's vision normal?	<input type="checkbox"/>	<input type="checkbox"/>
Are there any physical or mental health problems?	<input type="checkbox"/>	<input type="checkbox"/>
Has the attendance been regular?	<input type="checkbox"/>	<input type="checkbox"/>
Has the student frequently changed schools?	<input type="checkbox"/>	<input type="checkbox"/>

#### A. Evaluation Results (fill in only applicable areas):

1. Regular Classroom Performance:

Reporting Teacher:

Concerns:

2. Medical or other relevant health professional diagnosis:

Medical or other relevant health professional name:

Date of Diagnosis:

3. Social/Emotional/Behavioral Observation Results:

Observer:

Date of Observation:

Observation Results:

4. Other Assessment/Observation Results: Type

Observer/Evaluator:

Date of Evaluation/Observation:

Evaluation/Observation Results:

B. Does behavior seriously impede participation in educational programs, or other school district programs? If so, explain below:

II. Other Sources Considered

- |  |  |
|--|--|
| 1. Parent Data/Developmental History   | <input type="checkbox"/> Report Attached |
| 2. Informal Inventories  | <input type="checkbox"/> Report Attached |
| 3. Student Work Samples  | <input type="checkbox"/> Report Attached |
| 4. Interviews/Documentation with counselors, teachers, medical/health professionals, other professionals | <input type="checkbox"/> Report Attached |

Signature

Date

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KPSD Official