

# 504 Checklist

- | Yes                      | No                       | From EFMP  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Completed 504 Needs Assessment with EFMP Family Case Worker          |
| <input type="checkbox"/> | <input type="checkbox"/> | Family received EFMP "Section 504 Plan Meeting"                      |
| From School              |                          |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Received letter from school notifying of initial Section 504 Meeting |
| <input type="checkbox"/> | <input type="checkbox"/> | Received request for Consent for Section 504 Meeting                 |

## Reasons for Section 504 Meeting

Suspected disability of medical condition: \_\_\_\_\_

Check the Major Life Activity is affected by the impairment:

- seeing     hearing     caring for oneself     breathing     walking  
 working     learning     performing manual tasks     other: \_\_\_\_\_

How is the Major Life Activity affected by the impairment? \_\_\_\_\_

## Preparing for the 504 Meeting

- | Yes                      | No                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Do you know which school personnel will be attending?<br>Teacher: _____ Principal: _____<br>Counselor: _____ Other: _____               |
| <input type="checkbox"/> | <input type="checkbox"/> | Has your child received any testing or examinations for academics or disabilities?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Is an Individualized Education Program (IEP) being considered?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you aware of any general interventions previously used in the classroom and the outcomes?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you feel that you have enough information about your child's current academic and functional abilities for this Section 504 Meeting? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you considered what accommodations you feel would benefit your child's school participation? If so, what are they? _____           |

## During the 504 Meeting

- | Yes                      | No                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Evaluation form completed? Identified reason(s) for 504   |
| <input type="checkbox"/> | <input type="checkbox"/> | 504 Coordinator for the school identified? _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | Accommodation Plan complete?<br>Implementation date: _____<br>Review date: _____<br>Responsible parties identified for implementing accommodations: _____ |
|                          |                          | Informal follow ups – Who: _____  |
|                          |                          | How often: _____ Contact number: _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | Person passing on 504 Plan to teachers and others identified? _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | Final copy of 504 Plan received   |