

**ALBUQUERQUE PUBLIC SCHOOLS  
SECTION 504 CONFERENCE COMMITTEE REPORT**

**Name:** \_\_\_\_\_ **Date of Meeting:** \_\_\_\_\_  
**Student ID#:** \_\_\_\_\_ **School:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_ **Grade:** \_\_\_\_\_  
**Date of Parent Notification:** \_\_\_\_\_ (Attach copy of notification letter)  
**Initial referral for 504:**  Yes  No **Review of prior 504 eligibility:**  Yes  No

**PARTICIPANTS (Name and Title/Role)**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

If not in attendance, parents will be notified and provided a copy of this report by: \_\_\_\_\_  
(Person/Date)

**I. SUMMARY OF RELEVANT EVALUATION/ASSESSMENT DATA**

The committee reviewed and considered the following data which was gathered from a variety of sources  
(Please check all that apply)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Progress Reports/Grades                               | <input type="checkbox"/> School Health Information     | <input type="checkbox"/> Teachers/Administrator input |
| <input type="checkbox"/> Disciplinary records/referrals                        | <input type="checkbox"/> Parent Input                  | <input type="checkbox"/> Student Work Samples         |
| <input type="checkbox"/> Medical Evaluations/ Diagnosis<br>Provided by Parents | <input type="checkbox"/> Student Assistance Team (SAT) | <input type="checkbox"/> Standardized tests           |
|  | <input type="checkbox"/> Other: _____                  |   |

**Data Related to the Presenting Impairment:**

**Source/Date:**

(Diagnosis/Data) \_\_\_\_\_

\_\_\_\_\_

(How/and to what degree the impairment impacts learning or access to learning)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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Student Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_ Date: \_\_\_\_\_

**II. DETERMINATION OF DISABILITY UNDER 504/ADA**

Yes  No Does the student have a physical or mental impairment? If Yes, please describe the condition: \_\_\_\_\_

*(If "Yes," continue; if "No," student does not qualify.)*

Yes  No Does the impairment affect one or more major life activities? If so, which?

<input type="checkbox"/> eating	<input type="checkbox"/> sleeping	<input type="checkbox"/> standing	<input type="checkbox"/> lifting	<input type="checkbox"/> bending
<input type="checkbox"/> concentrating	<input type="checkbox"/> reading	<input type="checkbox"/> thinking	<input type="checkbox"/> communicating	
<input type="checkbox"/> caring for self	<input type="checkbox"/> walking	<input type="checkbox"/> seeing	<input type="checkbox"/> hearing	<input type="checkbox"/> speaking
<input type="checkbox"/> breathing	<input type="checkbox"/> learning	<input type="checkbox"/> working	<input type="checkbox"/> Other: _____	

*(If "Yes," continue; if "No," student does not qualify.)*

Yes  No Does the impairment substantially limit a major life activity? (As a result of the impairment, is the student **significantly restricted to the manner or duration** under which the student can perform the activity as compared to the manner or duration under which the student of the same age/grade level in the general population can perform that same major life activity?) If yes, describe the substantial limitation: \_\_\_\_\_

*(If "Yes," continue; if "No," student does not qualify.)*

Yes  No Does the student need Section 504 accommodations/services in order for his/her educational needs to be met as adequately as those of non-disabled peers? (Note: If the student's needs are so extreme as to require special education and related services, a referral to special education should be considered.) \_\_\_\_\_

*If all four questions were answered "Yes," the student is eligible for a free, appropriate public education under Section 504 and the 504 Accommodation Plan should be developed. If any answer is "No", the student is not eligible under Section 504.*

**III. SCHOOL 504 COMMITTEE RECOMMENDATIONS:**

On the basis of the data presented and discussed, check the one statement below that applies:

- The student's condition **does not qualify** as a disability under Section 504 and will continue to receive regular education and any available regular education resources and programs, including a referral to the school Student Assistance Team (SAT).
- The student **is eligible** under Section 504 and will receive an Accommodation Plan. See attached Section 504 Student Accommodation Plan.
- The student **continues to be eligible** under Section 504 and will receive an updated Section 504 Accommodation Plan. See attached Section 504 Plan.
- The student **is no longer eligible** for Section 504 and is exited from the program. Student will receive regular education without 504 Accommodations.
- Evaluation data is insufficient.** Specify: \_\_\_\_\_

A 504 conference will be reconvened with additional data on \_\_\_\_\_ (date).

**ALBUQUERQUE PUBLIC SCHOOLS  
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STUDENT ACCOMMODATION PLAN**

**Student Name:** \_\_\_\_\_ **Student ID#** \_\_\_\_\_ **Date:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Person responsible for monitoring 504:** \_\_\_\_\_

**Describe the reasonable accommodations that are necessary for the student to have his/her educational needs met. (Behavior, accommodations, and actions must align.)**

<b>Qualifying Impairment's Related Behavior Impact</b>	<b>Accommodation(s) Needed</b>	<b>Outcomes/ Assessment Criteria</b>	<b>School Person(s) Responsible</b>

**Start Date:** \_\_\_\_\_ **Date for Review/Evaluation of 504 Accommodation Plan:** \_\_\_\_\_

**(Plan should be reviewed by the beginning of each school year if not otherwise indicated or needed.)**

**Additional Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Required Copies:**  
 Parents/Guardian  
 Student's Teacher (s)  
 Student Assistance Team  
 Student Cumulative Folder  
 APS Student Service Center

Document Section 504  
 Conference/Plan on the  
 electronic Student Information  
 System