**Meeting Report**

Student’s Name:      Date of Birth:

Parent’s Name:       School:

Address:      Date of Meeting:

Grade Level:

Phone:

I. Persons in attendance:

|  |  |
| --- | --- |
| Name | Title |

II. Consideration of evaluation information

|  |  |
| --- | --- |
| Evaluation report, teacher report,  record review, etc. | Specific information regarding  possible disability |

III. Eligibility consideration

A. Does the evaluation information identify a physical or mental impairment? Specify.

B. Does the impairment significantly affect a major life activity?

|  |  |
| --- | --- |
| Activity Significantly Affected | Impact on Functioning in School Setting |

C. Does the student have a record of such an impairment? Does that record significantly affect the student’s ability to function in the school setting? Explain

What action by the school is necessary to reduce the effects of a record of impairment?

D. Is the student regarded by school personnel as having such an impairment? Does being so regarded have a significant affect on the student’s ability to function in the school setting? Explain

What action by the school is necessary to reverse the effects of the student being regarded as having a disability?

IV. A. If the student is eligible under Section 504, the committee should complete the Student Accommodation Plan, including a Health/Evacuation Plan if necessary.

B. If the student is not eligible under Section 504, please list any information which may be helpful to the classroom teacher or other staff who work with the student.

Person responsible for disseminating the information