**School District Of Newberry County**

**P.O. Box 718**

**Newberry, SC 29108**

**SECTION 504 NOTICE OF EVALUATION RESULTS AND ELIGIBILITY**

Dear Parent:

You were previously notified that your child Click here to enter text. was referred to the 504 Committee for evaluation and a determination of whether your child is protected under Section 504. The evaluation has been completed.

Attached you will find a copy of the evaluation results and eligibility determination. If you disagree with the results of this evaluation, you have the right to request an impartial hearing to resolve the differences between you and the school district.

You have previously been provided with copies of Information Regarding Section 504 and Procedural Safeguards/Parent Rights: Section 504. These documents explain your rights to notice, review procedure with respect to any actions concerning the evaluation, identification, or educational placement of your child. Please feel free to call me at school if you have questions.

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Signature of Chairperson

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Date of Notice

Attachment: Results of Evaluation/Eligibility Determination

**RESULTS OF EVALUATION/REEVALUATION/DETERMINATION OF ELIGILITY UNDER SECTION 504 OF THE REHABILITATION ACT**

Student’s Name: Click here to enter text. Date: Click here to enter text.

Tests or other information administered/reviewed: Click here to enter text.

Consideration of mitigating measures (if appropriate): Click here to enter text.

Briefly summarize results of evaluation: Click here to enter text.

**Based on the above:**

[ ] The student has a disability which substantially limits one or more

 major life activities and **requires** an Individualized Accommodations Plan (IAP).

 Type of disability Click here to enter text.

 Major life activity that is substantially limited Click here to enter text.

[ ]  The student has a disability which substantially limits one or more

 major life activities but does **not** require an IAP.

 Type of disability Click here to enter text.

[ ]  The student **does not** have a disability which substantially limits one or

 more major life activities

Team Member/Position Team Member/Position

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