VALLEY SCHOOL DISTRICT **SPECIAL EDUCATION**
555 West Valley Rd, Yakima, WA 98902 Phone: (509) 456-8596 Fax: (509) 658-9856

Team Evaluation Summary

Section 504

Student name **Jason Patterson** Student # _____ DOB **2/6/2002** Date **9/21/2010**

Serving school _____ Mgr. _____ Grade **1** Age **8 y 7 m**

Home school **Vine Maple Middle School** Disability _____

Referral Source: _____ Phone: _____

Health professional contacted: _____ Phone: _____

Describe the focus of the concern (Reason for Referral):

Evaluation Procedures: (NOTE: Summary of outside evaluations attached)

Evaluation Results/Identified Needs: (Identify any specific mental or physical disability)

CHECK any major life activity negatively impacted by the identified disability:

☐ Seeing ☐ Hearing ☐ Walking ☐ Learning ☐ Other:

Is the student determined to be eligible for 504 accommodations? ☐ **Yes** ☐ **No**

Evaluation Signature Page

Student name **Jason Patterson** Student # _____ DOB **2/6/2002**

Serving school _____ Case Mgr. _____ Grade **1** Age **8 y 7 m**

Signature of team members completing the evaluation agree that this evaluation report accurately reflects member's conclusions. (Evaluators who disagree must append an explanation of their disagreement.)

_____ Title: _____ Date: _____

_____ Title: _____ Date: _____

_____ Title: _____ Date: _____

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_____ Title: _____ Date: _____

_____ Title: _____ Date: _____

A copy of the evaluation report including documentation of determination of eligibility was provided to the parent(s)/guardian(s) by:		
	On	
Name/Title		*Date*