



File

Section 504 Eligibility Review

Note: To be completed for initial eligibility determination or review of eligibility.			
Aguilar-Rosas Carlos		10/24/97	11/14/14
Student Name (Last)	(First)	(Middle)	Date of Birth
Norma Jimenez	503 431-0753	FGHS	11
Parent Name	Phone Number	School	Grade

Summary of Evaluation Information Considered (informal inventories, testing, teacher reports, student work samples, parent data, medical health data, student observation): *Medical examination. Diagnosed Concussion*

The student has a physical or mental impairment ☒ Yes ☐ No

If yes, is the disability: ☒ Physical ☐ Mental ☐ Neither

Documentation: (e.g., physician's report, screening/testing results describing impairment)

Documentation on in student's cum folder

Place an "X" on the scale to indicate degree to which disability impairs major life activity **in the educational setting:**

0 = Not at all 1 = Negligibly 2 = Mildly 3 = Moderately 4 = Substantially 5 = Extremely

X

Note: Substantially limits means unable to perform a major life activity that the average person can perform or is significantly restricted as to the condition, manner or duration under which he-she can perform a major life activity as compared to the average person. The Team should consider the following factors in making its determination.

- The nature and severity of the impairment.
- The duration or expected duration of the impairment.
- The permanent or long-term impact expected to result from this impairment.

To determine if student's impairment substantially limits a Major Life Activity, please check appropriate box(es) and describe substantial limitations.

- | | | |
|---|-----------------------------------|--|
| <input type="checkbox"/> Caring for oneself | <input type="checkbox"/> Speaking | <input type="checkbox"/> Performing manual tasks |
| <input type="checkbox"/> Breathing | <input type="checkbox"/> Walking | <input checked="" type="checkbox"/> Learning |
| <input type="checkbox"/> Seeing | <input type="checkbox"/> Working | <input type="checkbox"/> Hearing |
| <input type="checkbox"/> Other _____ | | |

Description of Limitation(s)

Determination (check one box below)

- ☒ The student is **eligible** for services/accommodations under Section 504. (If team's determination is 4 or higher, student qualifies)
- ☐ The student is **ineligible** for services/accommodations under Section 504. (If team's determination is 3 or less, student does not qualify)

Team Member signatures (group of persons knowledgeable about (1) the student, (2) the meaning of the evaluation data, and (3) the placement option(s):

Expired 2/11/2015 – Student has been given full clearance to return to physical activities and no impact on learning is seen as a result of the concussion.



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Team Member signatures (group of persons knowledgeable about (1) the student, (2) the meaning of the evaluation data, and (3) the placement option(s):

Don C. [Signature], Counselor

As per phone conference

Norma Jimenez, Parent

[Signature]



Section 504 Accommodation/Intervention Plan

Date:

Aguilar-Rosas, Carlos		Date of Birth	155060	FGHS
Student Name (Last)	(First) (Middle)	10/24/97	Student Number	School
Date of Initial Plan: 11/14/14		Next Review Date: 1/7/14 (TEMPORARY)		
Diagnosis: Concussion				
Specific Accommodations/Interventions Needed		Person Responsible	Initials	
1) Rest between classes as needed, as advocated for.		Student/Teachers		
2) No physical fitness at this time.		Student		
3) Not able to undergo academic testing at this time.		Teacher/Student		
4) No organized sports until cleared.		Student/Parent/Dr.		
Accommodations needed for State/District Assessments and extracurricular activities: None until cleared				
Placement(s): Regular Ed. No P.E.				
Persons to be notified regarding plan: Counselor, Teachers, Parents, Student, Athletics				

TEAM DOCUMENTATION

Notification Statement: Receipt of this documentation satisfies parental right to notification of identification and placement under Section 504 of the Rehabilitation Act of 1973.	
For more information, contact: District 504 Coordinator – (503) 359-2421	
Signature and Title of Team Member	
<i>Don Al</i> Counselor	
As per phone conference → Norma Jimenez, Parent	
<i>[Signature]</i>	



LEGACY EMANUEL TRAUMA NEUROTRAUMA CLINIC
300 N Graham St., Suite 125
Portland OR 97227-1683
Phone: 503-413-3714
Fax: 503-413-2061

Patient: **Carlos Aguilar**
Date of Birth: **10/24/1997**
Date of Visit: **11/12/2014**

To Whom It May Concern:

It is my medical opinion that Carlos Aguilar may return to school with the following restrictions:

1. Pt will need to rest between classes as needed.
2. Pt is not able to participate in physical fitness at this time
3. Pt is not able to undergo academic testing at this time
4. Pt is not able to participate in organized sports until cleared from concussion therapy/ testing

Follow-up: Referred for further evaluation 1.7.2014 or sooner if needed.

If you have any questions or concerns, please don't hesitate to call.

Sincerely,

A handwritten signature in black ink, appearing to read "K. Gubler".

Dr. K. Dean Gubler

Legacy Emanuel Trauma NeuroTrauma Clinic