



Nondiscrimination/Minor Adjustment Evaluation

Student _____ Date of Birth _____ Age _____

School _____ Grade _____ Student's Teacher _____

ATTENDANCE: School Year _____ Days Present _____ Days Absent _____

Upon receipt of a Nondiscrimination Complaint from a parent/guardian, the principal, with the assistance of the STEP team and the assistant superintendent shall review all pertinent facts and documentation, respond to the eligibility criteria questions, and determine whether the student is eligible for nondiscrimination protections under Section 504, and, if eligible, whether the student requires minor adjustments to receive equal access to educational programs.

HEALTH CONDITION

YES NO

[] [] Does the student have any health condition? If YES, explain:

[] [] Is the student currently taking any medication at home or at school? If YES, explain:

[] [] Does the student have difficulty accessing campus buildings or places? If YES, explain:

DATA REVIEWED and CONSIDERED

TEACHER QUESTIONNAIRE (See attached STEP-FORM 1)

PARENT QUESTIONNAIRE (See attached STEP-APPENDIX FORM A)

STUDENT QUESTIONNAIRE (See attached STEP-APPENDIX FORM B.1, B.2, B.3, OR B.4)

(Please check any that apply)

- | | |
|---|---|
| <input type="checkbox"/> Grade reports | <input type="checkbox"/> Teacher input |
| <input type="checkbox"/> Disciplinary records/referrals | <input type="checkbox"/> Administrator input |
| <input type="checkbox"/> Standardized tests | <input type="checkbox"/> Student work portfolio |
| <input type="checkbox"/> Other tests | <input type="checkbox"/> STEP team suggestions |
| <input type="checkbox"/> School health information | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Medical evaluations/diagnoses | <input type="checkbox"/> Other _____ |
| supplied by parents | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Parent input | <input type="checkbox"/> Other _____ |

This student's grades:

- have become better each year
- have stayed about the same each year
- have become lower each year
- dropped suddenly in grade _____

Compared to other students, this student's grades:

- are better
- are about the same
- are worse
- unknown

Nondiscrimination/Minor Adjustment Evaluation

Student name: _____

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NONDISCRIMINATION/MINOR ADJUSTMENT CRITERIA

1. Does the student have a mental or physical impairment?

YES NO

If YES, describe the nature of the condition: _____

2. Does the student's impairment affect a major life activity?

YES NO

If YES, describe which major life activity/activities is/are affected: _____

3. Does the physical or mental impairment substantially limit a major life activity? (Is the student significantly restricted or unable to perform a particular major life activity as compared to the average student the same age/grade level?)

YES NO

If YES, what documentation is there to support the claim of a substantial limitation? _____

4. Does the student require minor adjustments to receive equal access to the education program?

YES NO

If NO, explain: _____

If all four questions were answered YES, student may meet criteria for minor adjustments. If any answer is NO, student does not meet criteria for an educational plan under Section 504.

ELIGIBILITY DETERMINATION

_____ The student meets the nondiscrimination and minor adjustment criteria under Section 504 and requires minor adjustments to receive equal access to the educational program.

_____ The student meets the nondiscrimination and minor adjustment criteria under Section 504 but does not currently require minor adjustments to receive equal access to the educational program.

_____ The student does not meet the nondiscrimination or minor adjustment criteria under Section 504 and will continue to receive any available general education resources and programs.

Nondiscrimination/Minor Adjustment Evaluation

Student name: _____

The following team members acknowledge by their signature their participation in this nondiscrimination/minor adjustment evaluation for _____:

(student name)

NAME (print)

SIGNATURE

Name: _____

Position/title/role on the team _____

Name: _____

Position/title/role on the team _____

Name: _____

Position/title/role on the team _____

Name: _____

Position/title/role on the team _____

Name: _____

Position/title/role on the team _____

Name: _____

Position/title/role on the team _____

Name: _____

Position/title/role on the team _____

Parents/Guardians have the right to appeal the team’s decision with regard to the identification, evaluation, or minor adjustments of students under Section 504. Such appeals must be put in writing and sent to the school principal and to the Department of Catholic Schools within 15 days of receiving notice of the team decision. Please consult the “Procedural Safeguards for Students with Disabilities and Their Parents and Guardians” for further information.

Archdiocesan Compliance Officer
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Los Angeles, CA 90010
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