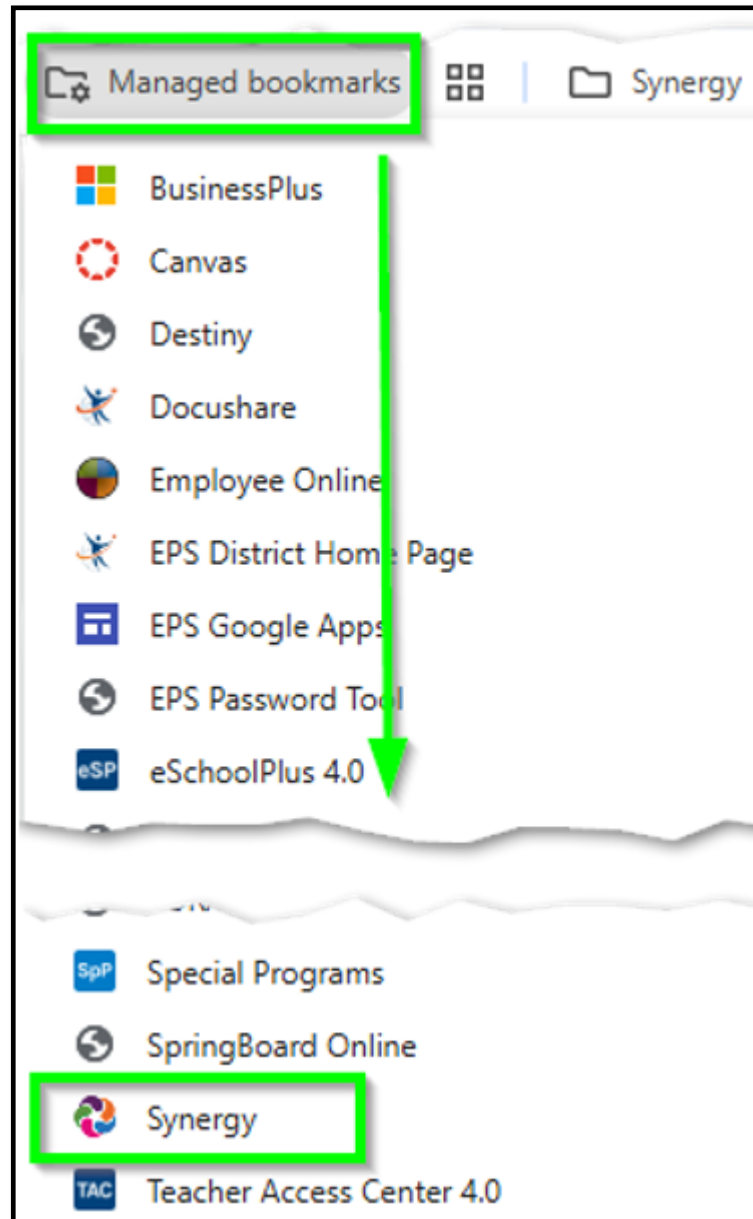


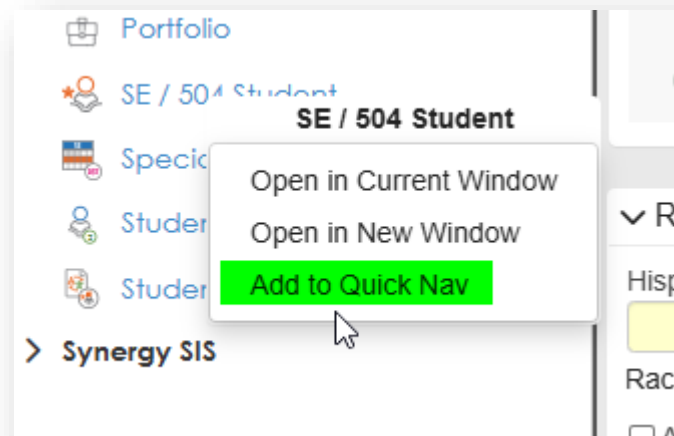
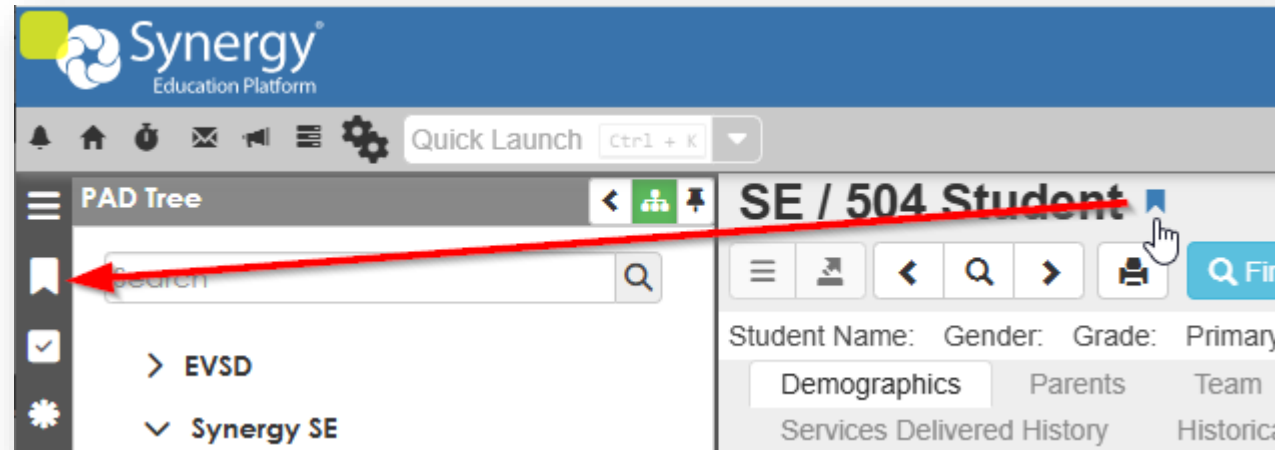


Counselor Training

Accessing Synergy



Bookmark a Screen



Adding a student to SE



Student SIS Number Find

1 Find 4 Close Transfer

Find Students

Selection Criteria (Searching Student Information System)

Last Name First Name Gender Grade Student Number

Transfer Info

Initial Sped Process Initial 504 Process

EnterDate

3 504 Annual Review
504 Evaluation Process
Conversion 504

Students

< 1 2 3 > (169ms)

Line	Student Name	Birth Date	Gender	Grade	Student Number	Current School	In Special Ed	Current Process
1	Abate, Tsion M.	12/29/2008	Female	10	329650	Cascade High School		
2	Abbas, Ammar	11/14/2008	Male	10	318131	Cascade High School		
3	Abbas, Ayaan	11/14/2008	Male	10	318132	Cascade High School		
4	Abigail, Madeline	05/20/2007	Female	12	324276	Cascade High School		
5	Abrham, Hosaena B.	08/28/2007	Female	12	319729	Cascade High School		
6	Ackley, Nolan B.	03/15/2007	Male	12	309998	Cascade High School		
7	Adams, Cash J.	03/17/2008	Male	11	189297	Cascade High School		
8	Adams, John W.	01/07/2009	Male	10	325571	Cascade High School	Yes	Conversion
9	Adams, Parker T.	10/20/2009	Female	09	156172	Cascade High School		
10	Adcox, Maryann M.	01/18/2007	Female	12	206839	Cascade High School	Yes	Conversion 504

Case manager

Demographics Parents **Team** Historical Documents Stand Alone Documents

Last Name First Name Middle Name Suffix Suffix
Adams Parker Terrilynn

E-mail Team

Team Members + Add Actions

	Line	Staff Name	
	1	Peters, David	Case Manager

E-mail Team

Team Members + Add Actions

	Line	Staff Name
	1	Peters, David

Staff Name:
Staff ID:

X Clear | Advanced

Always Use Advanced Mode

Find: Staff

Student Name: Adams, Parker T.

2 Find X Close 4 Select - Clear Selection

Search Results

Find Criteria


Last Name First Name Middle Name Staff ID











Jensen 1

Find Result

Line	Last Name	First Name
1	Jensen 3	Anne
2	Jensen	Marcelle
3	Jensen	Stephen

Add team member


SE / 504 Student 


       Save  Undo  Add  Delete




Student Name: **Adams, John W.** Gender: **Male** Grade: **10** Primary disability: **Specific I**

Demographics Parents **Team** Historical Documents Stand Alone D
Services Delivered History Historical Testing Accommodations

Last Name First Name Middle Name Suffix Suffix
Adams John Wayne

E-mail Team 

▼ Team Members  Add Actions ▼

	Line	Staff Name	Ro
	1	Marshall, Wanda 	Case Manager

Team members

E-mail Team 

Team Members  Add Actions ▾

	Line	Staff Name	
<input type="checkbox"/>	1	Jensen, Ane	
<input type="checkbox"/>	2	Stencil, Scott	
<input type="checkbox"/>	3	Takayoshi, Michael	
<input type="checkbox"/>	4	Thomson, Angela	

Case Manager

General Education Teacher

Principal

Nurse

Adding a student to 504

SE / 504 Student

☰

🖨

⏪

🔍

⏩

🖨

Find

Undo

+ Add

Delete

Student Name: Gender: Grade: Primary disability: School: Case Manager:

DemographicsParentsTeamHistorical DocumentsStand Alone DocumentsStudent IEPSt

Historical Testing Accommodations

Last NameFirst NameMiddle NameSuffixSuffixStudent ID

Student SIS Number Find

Find

Close

Transfer

Find Students

Selection Criteria (Searching Student Information System)

Last NameFirst NameGenderGradeStudent Number

000003

Transfer Info

Initial Sped ProcessInitial 504 Process

EnterDate

Students

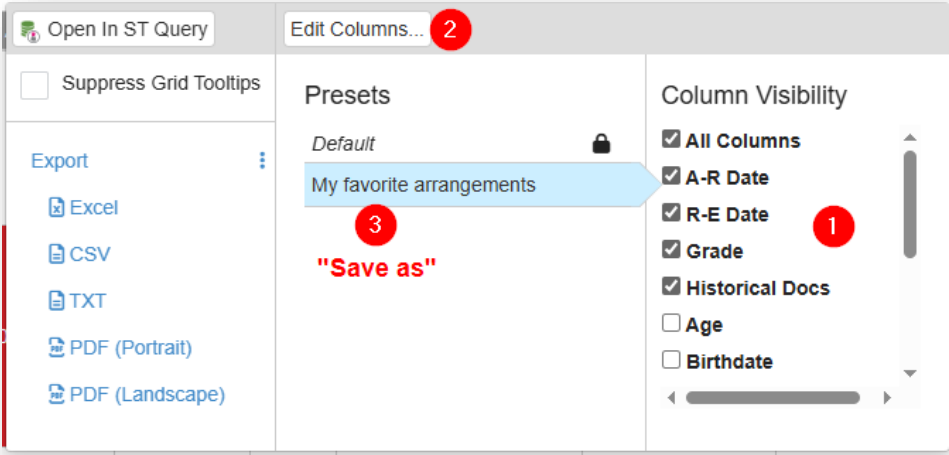
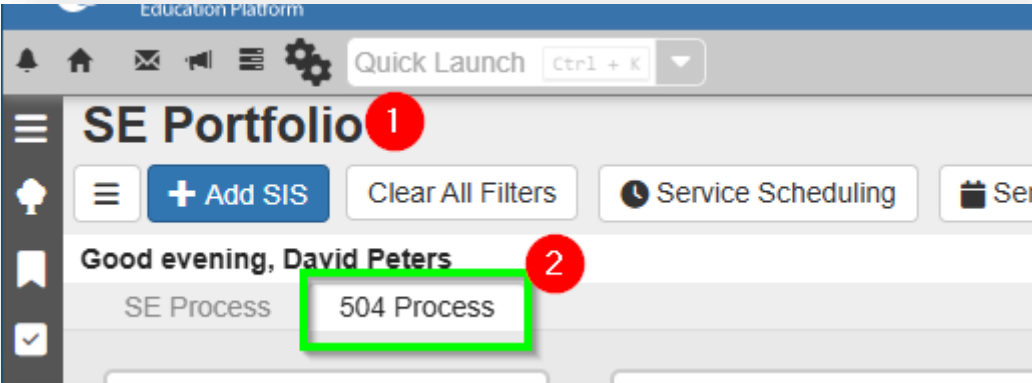
Line	Student Name	Birth Date	Gender	Grade	
1	Bright, Elektra	04/03/2013	Female	06	000003

wa-evsd.edupoint.com says

The student has been successfully added to SynergySE and assigned to Case Carrier: David Peters

OK

Adding from Portfolio



504 Student

Line	Process	Documents	Student	Current Documents	Historical Docs	Age
1	504 Evaluation Process		 Adamucci, Luke Student Name Adamucci, Luke Student ID 156903			15
2	504 Evaluation Process		 Alcantar, Leonardo M. Student Name Alcantar, Leonardo M. Student ID 817967 PER			15
3	504 Evaluation Process		 Hopkins, Jacob S. Student Name Hopkins, Jacob S.			17

The table displays student information for the '504 Student' section. A green box highlights the student information for Adamucci, Luke and Alcantar, Leonardo M. A red arrow points from the 'Student - Student Name' checkbox in the 'Edit Columns...' dialog box to the 'Student Name' column in the table.

Consent Form

Current Process: 504 Evaluation Process

✓ Process Documents

✕	Line	Doc	
<input type="checkbox"/>	1	<input type="radio"/>	GENWA 4005 - Permission to Conduct a 504 Evaluation
<input type="checkbox"/>	2	<input type="radio"/>	GENWA 4006 - 504 Evaluation Report
<input type="checkbox"/>	3	<input type="radio"/>	GENWA 4008 - 504 Accommodation Plan

Consent Form

504 Evaluation Notice

Student Name: **Bright, Elektra**

✓ Save

7

↶ Undo

✕

✕ Delete

Print Preview

Validate

Finalize

Student Name: **Bright, Elektra** Document: **GENWA 4005** Description: **Permission to Conduct a 504 Evaluation**

Notice To Conduct A 504 Evaluation

Evaluation Type



Date

2

Initial Evaluation

1



05/23/2025



Parent / Guardian

Teacher



Referred By:



Supra Bright (Mother)

3


Date of Referral:



4

05/13/2025



This evaluation may include, but is not limited to, a review of the following: 

☒ Student Educational Record Review

☒ Teacher Observation and feedback

5

☒ Parent/Guardian/Student feedback

☒ Medical: Written report or diagnostic letter based on

☒ Other information as needed or appropriate

✓ Consent

I understand that my student was referred for an evaluation under Section 504 to determine if they have a disability and need for accommodations and supports to provide my student access to and benefit from their education. For more information, please see the 504 Evaluation Notice.

Signed Date



Please sign and return to:

Staff Name



6

Schilaty, Jessen



Evaluation Report

✓ Process Documents

✕	Line	Doc	
<input type="checkbox"/>	1	✓	GENWA 4005 - Permission to Conduct a 504 Evaluation
<input type="checkbox"/>	2	○	GENWA 4006 - 504 Evaluation Report
<input type="checkbox"/>	3	○	GENWA 4008 - 504 Accommodation Plan

Eval Purpose

504 Evaluation Report

Student Name: **Possible, Kim**

✓ Save

×

↶ Undo

×

✖ Delete

Print Preview

Validate

Finalize

Student Name: **Possible, Kim** Document: **GENWA 4006** Description: **504 Evaluation Report**

504 Evaluation Report

Determination

Participants

Attachments

Document Name

Document Date

504 Evaluation Report

05/29/2025



Purpose for Evaluation

☐ Initial Eligibility Determination

☐ 504 Plan Re-evaluation

Evaluation Data

Student Name: **Possible, Kim** Document: **GENWA 4006** Description: **504 Evaluation Report**

504 Evaluation Report	Determination	Participants	Attachments
Document Name	Document Date		
504 Evaluation Report	05/29/2025		

Medical Records + Add

✕	Line	Date	Source	Information Summary
	*	05/29/2025	Pediatrician	ADHD, Combined Presentation, diagnosed at age 8. Most recent follow-up (March 2025) notes continued difficulties with focus and hyperactivity, despite behavioral strategies and consistent home routines. Kim is currently taking a low dose of methylphenidate (Concerta 18mg daily).

Assessment + Add

✕	Line	Date	Type	Description of Results
	*	05/29/2025	BASC-3 Behavior Rating Scale	(Completed by Teacher and Parent, February 2025): <ul style="list-style-type: none">Teacher Report: Clinically significant elevations in Attention Problems (T-score: 76) and Hyperactivity (T-score: 71).Parent Report: Elevated scores in Executive Functioning and Adaptability.
	*			

Family Input + Add

✕	Line	Date	Source	Description
	*	05/29/2025	Parent Statement	Kim has always been a bright, funny, and energetic kid. At home, she can focus when doing hands-on projects or things she's passionate about, like building models or coding games. But schoolwork is harder—she forgets assignments, loses materials, and gets overwhelmed easily. We're seeing her self-esteem dip because she thinks she's 'bad at school.' We hope the school can help her stay on track without feeling like she's constantly in trouble.

Question #1

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

If yes, select the impairment:

- | | | |
|---|---|--|
| <input type="checkbox"/> Acute Lymphoblastic Leukemia | <input type="checkbox"/> Acute Myeloid Leukemia | <input type="checkbox"/> ADD/ADHD |
| <input type="checkbox"/> Adrenal insufficiency w/immune | <input type="checkbox"/> Allergy- Gluten | <input type="checkbox"/> Allergy |
| <input type="checkbox"/> Allergy-Milk | <input type="checkbox"/> Allergy- Nuts | <input type="checkbox"/> Allergy- Peanuts |
| <input type="checkbox"/> Allergy- Soy | <input type="checkbox"/> Allergy- Shellfish/Seafood | <input type="checkbox"/> Allergy- Tree Nuts |
| <input type="checkbox"/> Allergy- Wheat | <input type="checkbox"/> Anxiety | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Autoimmune Disorder | <input type="checkbox"/> Bone Marrow Transplant | <input type="checkbox"/> Birth Defect (Colostomy Bag) |
| <input type="checkbox"/> Biliary Ectasia/Diabetes | <input type="checkbox"/> Bipolar Disorder | <input type="checkbox"/> Brachial Plexus Birth Palsy |
| <input type="checkbox"/> Broken Arm | <input type="checkbox"/> Broken Clavicle | <input type="checkbox"/> Broken Collarbone |
| <input type="checkbox"/> Broken Fingers | <input type="checkbox"/> Broken Hand | <input type="checkbox"/> Broken Leg |
| <input type="checkbox"/> Brain Tumor | <input type="checkbox"/> Cancer | <input type="checkbox"/> Cerebral Palsy |
| <input type="checkbox"/> Complex Heart Defect | <input type="checkbox"/> Chron's Disease | <input type="checkbox"/> Colonic Hirschsprungs disease |
| <input type="checkbox"/> Colitis | <input type="checkbox"/> Concussion | <input type="checkbox"/> Cystic Fibrosis |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Diplegic Cerebral Palsy | <input type="checkbox"/> Diabetes- Type 1 |
| <input type="checkbox"/> Diabetes- Type 2 | <input type="checkbox"/> Dwarfism | <input type="checkbox"/> Endometriosis |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Erbs Palsy | <input type="checkbox"/> End Stage Renal Disease |
| <input type="checkbox"/> Generalized Anxiety Disorder | <input type="checkbox"/> Herniated disc | <input type="checkbox"/> Hearing Loss |
| <input type="checkbox"/> Heart transplant | <input type="checkbox"/> Hodgkins Lymphoma | <input type="checkbox"/> Impaired vision |
| <input type="checkbox"/> Irritable Bowel Syndrome | <input type="checkbox"/> Juvenile Arthritis | <input type="checkbox"/> Lupus |
| <input type="checkbox"/> Migraine Headaches | <input type="checkbox"/> Mitochondrial Disease | <input type="checkbox"/> Multiple Concussions |
| <input type="checkbox"/> Narcolepsy | <input type="checkbox"/> Non Hodgkins Lymphoma | <input type="checkbox"/> Ocular Motor Dysfunction |
| <input type="checkbox"/> Panic Disorder | <input type="checkbox"/> Posttraumatic Stress Disorder (PTSD) | <input type="checkbox"/> Rheumatoid Arthritis |

Question #2

2. Does the physical or mental impairment substantially limit a major life activity?

☐ Yes - select the major life activity substantially limited:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Caring for one's self | <input type="checkbox"/> Performing manual tasks | <input type="checkbox"/> Walking | <input type="checkbox"/> Seeing |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Speaking | <input type="checkbox"/> Breathing | <input type="checkbox"/> Learning |
| <input type="checkbox"/> Eating | <input type="checkbox"/> Standing | <input type="checkbox"/> Lifting | <input type="checkbox"/> Bending |
| <input type="checkbox"/> Reading | <input type="checkbox"/> Concentrating | <input type="checkbox"/> Thinking | <input type="checkbox"/> Sleeping |
| <input type="checkbox"/> Immune system function | <input type="checkbox"/> Normal cell growth | <input type="checkbox"/> Digestive system | <input type="checkbox"/> Bowel function |
| <input type="checkbox"/> Respiratory function | <input type="checkbox"/> Circulatory system | <input type="checkbox"/> Endocrine system | <input type="checkbox"/> Reproductive system |
| <input type="checkbox"/> Musculoskeletal function | <input type="checkbox"/> Bladder function | <input type="checkbox"/> Neurological function | <input type="checkbox"/> Brain function |

☐ No

If yes, describe the substantially limiting impacts in the school setting:

Question #3

3. Are accommodations, aids or services REQUIRED for the student to access, participate in, and benefit from their education?

If no, please explain why.

Determination

504 Evaluation Report

Student Name: **Possible, Kim**

✓ Save

×

↶ Undo

×

✖ Delete

Print Preview

Validate

Finalize

Student Name: **Possible, Kim** Document: **GENWA 4006** Description: **504 Evaluation Report**

504 Evaluation Report

Determination

Participants

Attachments

Document Name

Document Date

504 Evaluation Report

05/29/2025



Based upon all evaluative information reviewed and answers to the above questions, it is the determination of the Section 504 Team that:

Eligibility Determination

ELIGIBLE – The student is determined eligible as defined under Section 504 and requires a 504 plan.

NOT ELIGIBLE – The student is determined to not be eligible as defined under Section 504.

TECHNICALLY ELIGIBLE - At this time, the student does not require a 504 plan for additional accommodations, aids or services.

Determination

Eligibility Decisions

Section 504 eligibility is determined through a consensus of the Section 504 Team. Consensus is defined as a general agreement, not necessarily unanimous agreement. In the absence of a consensus, the Section 504 Coordinator or designee on the team who has received formal Section 504 training makes the final decision regarding eligibility and, if needed, the plan accommodations and related aids and/or services the student needs to access school programming.

Note: If a lack of consensus results from the parent/guardian only, the decision falls in favor of the school team.

Eligibility Determination Key:

ELIGIBLE Answers to #1-3 are ALL "yes"

NOT ELIGIBLE Answers to #1 or #2 or both are "no"

TECHNICALLY ELIGIBLE / Does not require a 504 Plan Answers to #1 and #2 are "yes", but #3 is "no"

Participants

Student Name: **Possible, Kim** Document: **GENWA 4006** Description: **504 Evaluation Report**

504 Evaluation Report

Determination

Participants

Attachments

Document Name

Document Date

504 Evaluation Report

05/29/2025



▼ Participants

☐ Student Is Participant

▼ Parent Participants



Line	Parent Name	Relation Type	Educational Rights	Contact Allowed	Participant
1	Possible, Manny	Father	Yes	Yes	<input checked="" type="checkbox"/>
2	Possible, Mary	Mother	Yes	Yes	<input checked="" type="checkbox"/>

Staff Participants

Add



✕	Line	Staff Name		Role
<input type="checkbox"/>	1	Anne Jensen		Case Manager
<input type="checkbox"/>	2	Scott Stencil		General Education Teacher
<input type="checkbox"/>	3	Angela Thomson		Nurse
<input type="checkbox"/>	4	Kaitlin Kalkwarf		School Psychologist
<input type="checkbox"/>	5	Michael Takayoshi		Principal

Attachments

504 Evaluation Report

Student Name: **Possible, Kim**

✓ Save

✕

↶ Undo

✕

✕ Delete

Print Preview

Validate

Finalize

Student Name: **Possible, Kim** Document: **GENWA 4006** Description: **504 Evaluation Report**

504 Evaluation Report

Determination

Participants

Attachments

Document Name

Document Date

504 Evaluation Report

05/29/2025

✓ Document Attachments

+ Add

✕	Line	Print Order	Con
---	------	-------------	-----

Accommodation Plan

504 Accommodation Plan

Student Name: **Possible, Kim**

✓ Save

✕

↶ Undo

✕

✕ Delete

Print Preview

Validate

Finalize

Student Name: **Possible, Kim** Document: **GENWA 4008** Description: **504 Accommodation Plan**

504 Accommodation Plan

Participants

Attachments

Document Name

Document Date

504 Accommodation Plan

05/29/2025



Plan Implementation D



05/29/2025



Case Manager



Qualifying Condition

Anne Jensen



(will be populated from the evaluation)

✓ Parent/Guardian Statements:



I received a written notice of my rights under Section 5



I received notice of the Section 504 evaluation and accommodation plan meet



BASIS FOR THE 504 PLAN - ~~Indicate the type of impairment(s),~~ and describe the substantially limiting impacts in the school setting:

(will be populated from the evaluation)

Accommodation Plan

Supporting Data + Add

✕	Line	Supporting Data
□	1	<div>504 Evaluation Report</div> <div>Educational Records</div> <div>Other</div>

Accommodations





Instructions

Accommodation Plan

▼ Accommodations / Modifications

▼ Instructional / Classroom

+ Add

✕	Line	View Order	Accommodation Description
	*		Chunking of Assignments: Break large or multi-step assignments into smaller, manageable parts with frequent check-ins to monitor progress and reduce overwhelm. 
	*		Extended Time on Tests and Assignments: Allow Kim additional time to complete in-class assignments and assessments to account for attention-related delays and refocusing needs. 

State Test Accommodations

▼ State Test Accommodations **+ Add** **1**

×	Line 2	View Order	Accommodation Description
	* ▼		

View Order:

State Test

☒ **SBA** **3**

☐ WIDA ACCESS

☐ WIDA Alternate

☐ WA KIDS

StateAccommodations

▼ **4**

Accommodation Description

Clear All

College Board Test Accommodations (AP, SAT, PSAT, ACT)

College Board Accommodations + Add 1

×	Line	View Order	Accommodation Description
↶	* ▾ 2		

View Order:

Test Code ↶

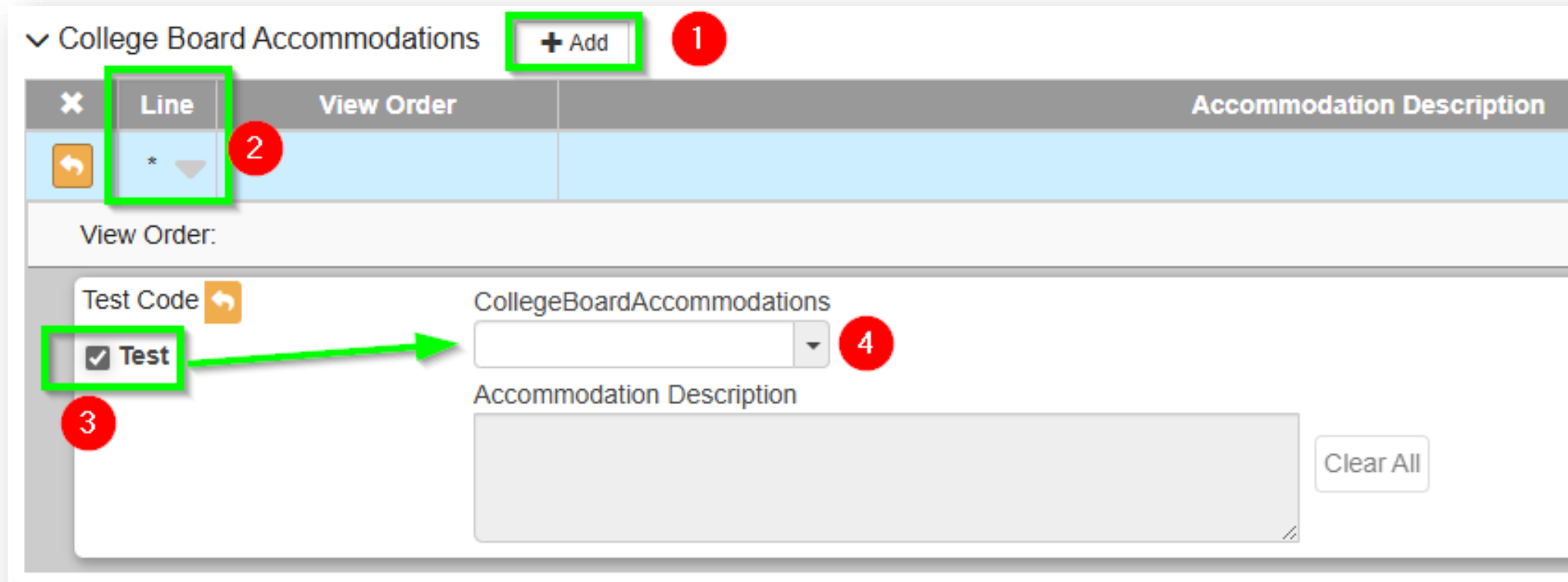
☒ Test 3

CollegeBoardAccommodations

4

Accommodation Description

Clear All



Current Process

Current Process: 504 Annual Review

Process Documents

✕	Line	Doc	
☐	1	○	GENWA 4008 - 504 Accommodation Plan

Retrieve 504 Health Docs

Attached Documents

Show Detail

+ Add

✕	Line	Document	
---	------	----------	--

Manual Process Move

Move To

Move

Exit 504 Process

Link to

504 Evaluation Process

Conversion 504

guards

Exiting a 504

Student Exit Confirmation

Student Exit From 504

You are about to exit the student from 504. If you are sure you want to exit student, type in the fields below, and click the Exit from 504 button. Otherwise click the Cancel button to cancel this request.

Exit Date

Exit Reason

Re-evaluated no longer eligible

Graduated

No longer enrolled

Opted out of program

Student transitioned to IEP

Incarcerated

Deceased

Exit Explanation

Exit from 504

Cancel

Historical Documents

SE / 504 Student

Save

Undo

Add

Delete

Student Name: Gender: Female Grade: 09 Primary disability: School: Cascade High School Case Manager: Peters, David S.

Demographics

Parents

Team

Historical Documents

Stand Alone Documents

Student IEP

Student 504

Timeline

Student Contact Log

WA

RTI

Services Delivered History

Last Name

First Name

Middle Name

Suffix

Suffix

Student ID

Gender

Grade

Female

09

Historical Documents

Line	Documents	Start Date	IEP Date	End Date	Process
1		05/16/2025		05/29/2025	504 Evaluation Process
2		05/16/2025		05/16/2025	504 Evaluation Process

Historical Documents by School Year

Line	School Year	Documents
1	2022-2023	
2	2021-2022	
3	2020-2021	
4	2019-2020	