



Los Angeles Unified School District
Information Technology Division
Welligent



Documentation for school Nurse's evaluation for Welligent new section 504 program

Nurses assist in various parts of a student's 504. You will be required to update pages:

- Page 7 Section 504 Evaluation
- Page 8 Section 504 Plan

The following will walk you through the process of updating a student's 504 pages using the new Welligent Section 504 module. Please note the Case Manager will have already created a 504 page for the student. You will only be responsible to update the page 7 and page 8.

Instructions:

1. Login to the Welligent Production - <https://welligent.lausd.net>
2. Search for a Student using the Student Search text box on the top right corner.



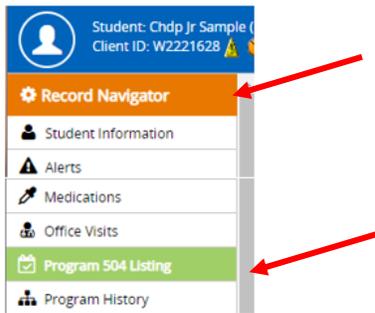
3. The Student Search Pop will appear.

Last Name:	First Name:	Agency ID/Student ID/Welligent ID/ALT IDs:	Global Search:
<input type="text" value="Type Last Name"/>	<input type="text" value="Type First Name"/>	<input type="text" value="Agency ID/Student ID/Welligent ID/ALT IDs"/>	<input checked="" type="checkbox"/>

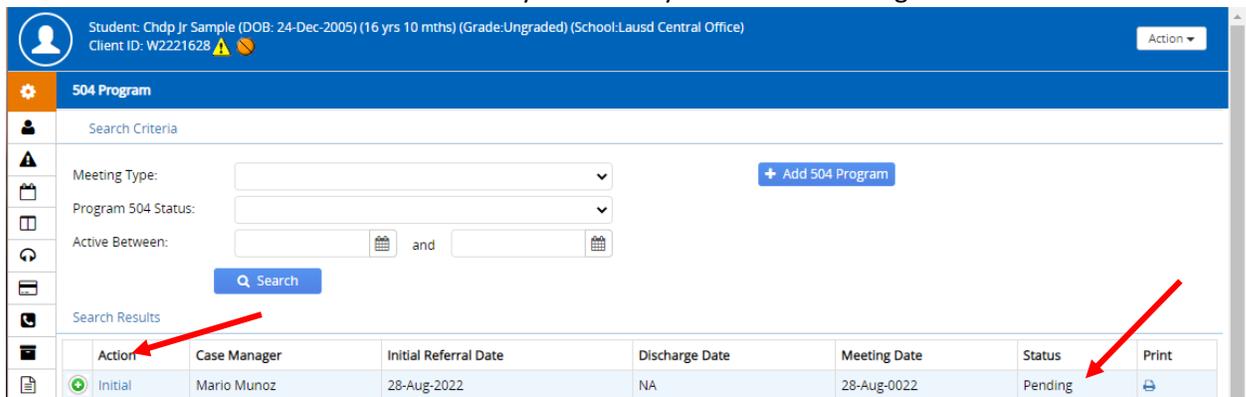
4. Search by using either the Students ID or the student's name. Click Search
5. Once you find the student, click on the Edit icon, and the student's home page will open.

Edit	Info	Alert	Student	DOB	ID	Grade	Location	Status
			Sample, Francisco	14-Nov-2015	111415X8168	03rd	Sp Ed Inf/Pre (1989)	Active

6. Click on the cog wheel on the left side, under the student's picture. This will open the students Record Navigator.
7. Scroll down the Navigator to the Program 504 listing button. This will open the 504 Program home page.

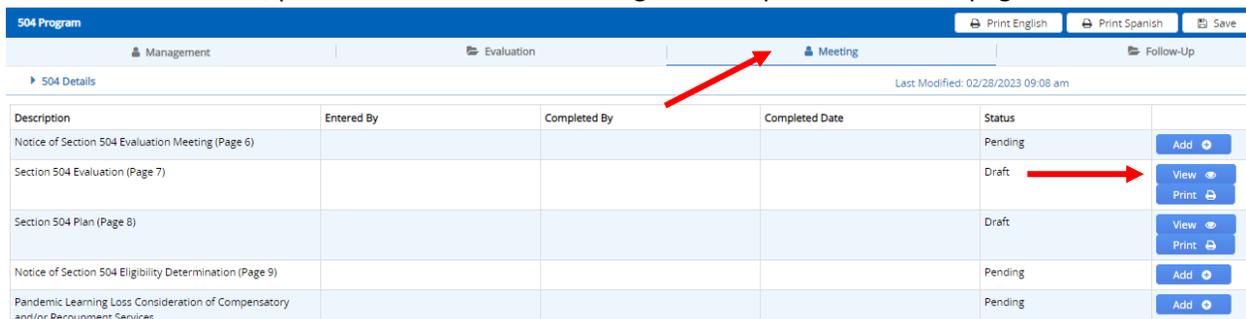


- Click on the action hyperlink to open the 504. Please note if more than one 504 is listed, you will choose the current 504. This is normally denoted by a status of Pending.



- Above the 504 Details, there are 4 tabs (Management, Evaluation, Meeting, and Follow up). Click on the Meeting Tab.

- Click on the View button on the line referring to Section 504 Evaluation (Page 7). If you do not see a view button, please contact the Case Manager and request to have the page added.



- Go to the Team Members section. Look for the row with your name and Relationship/Title. If your information is not present, Enter your information on an empty row. If no row is available, click on the Add Row button.

Student ID: W2396758 Date Of Birth: 17-Jan-2007 Meeting Date: 01-Mar-2023

Team Members

By signing below, the following Section 504 team members acknowledge their participation in this Section 504 evaluation meeting and indicate their area of Knowledge with regard to this student. Please indicate if an interpreter is used.

Name and Signature (Below)	Relationship/Title	Knowledge (Check all that apply)
<input type="text" value="Enter name here"/> <input type="text" value="Enter signature here"/>		<input type="checkbox"/> Student <input type="checkbox"/> Evaluation Data <input type="checkbox"/> Educational Placement <input type="checkbox"/> Interpreter
<input type="text" value="Enter name here"/> <input type="text" value="Enter signature here"/>		<input type="checkbox"/> Student <input type="checkbox"/> Evaluation Data <input type="checkbox"/> Educational Placement <input type="checkbox"/> Interpreter
<input type="text" value="Enter name here"/> <input type="text" value="Enter signature here"/>		<input type="checkbox"/> Student <input type="checkbox"/> Evaluation Data <input type="checkbox"/> Educational Placement <input type="checkbox"/> Interpreter

Add Row

12. Under the Section 504 Evaluation (Page 7) you will fill out the following sections:

- a. Team Member
 - i. Name
 - ii. Signature
 - iii. Relationship/Title
 - iv. Knowledge column - check the Evaluation Data check box
- b. Health/Medical Information
 - i. Vision Screening Date – Results – Notes
 - ii. Hearing Screening Date – Results – Notes
- c. Health Information
 - i. Does the student have any health conditions
 - ii. Is student currently receiving medical care
 - iii. Is student taking any medication at home or school
 - iv. Does the student have difficulty accessing physical environments or need physical supports around the campus
 - v. Summary of additional health information provided by
 - vi. If additional health information was provided, summarize below

Health / Medical Information (Provide most current information)

Vision Screening Date: Results: Notes:

Hearing Screening Date: Results: Notes:

Health Information

Does the student have any health conditions? No Yes (If yes, explain):

Is student currently receiving medical care? No Yes (If yes, explain):

Is student currently taking any medications at home or school? No Yes (If yes, explain):

Does student have difficulty accessing physical environments or need physical supports around the campus? No Yes (If yes, explain):

Summary of additional health information provided by: Dated:

(If additional health information was provided, summarize below.):

13. Please refer to the documentation under the Health Assessment or Record Review in the Office Visits in Activities Tab to help you fill out this information.
14. Press the save button when done. Please ensure the Draft radio button next to Status is clicked. Only the Case Manager is allowed to choose the Completed radio button.



15. Under the Section 504 Plan (Page 8) you will fill out the following sections:
 - a. Student has the following physical or mental impairments
 - b. Identified Need
 - c. Related Accommodation
 - d. Responsible Individual

Identified Need	Related Accommodation	Responsible Individual(s)

[Add Row](#)

16. Press the save button when done. Please ensure the Draft radio button next to Status is clicked. Only the Case Manager is allowed to choose the Completed radio button.