

SECTION 504 STUDENT ELIGIBILITY

Student's Name: _____ Grade: _____ Date: _____

School: _____ Birth Date: _____ Parent(s): _____

School Contact Person: _____ Position: _____

Eligibility Team Members

Fill in names and check if knowledgeable about the category; there should be at least one check in each column.

Name	Child	Meaning of evaluation data	Accommodations or placement options
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Sources of Evaluation Information (Indicate each one used)

- | | | |
|--|---|---|
| <input type="checkbox"/> Achievement tests | <input type="checkbox"/> Observations | <input type="checkbox"/> Intervention data |
| <input type="checkbox"/> Checklists/rating scales | <input type="checkbox"/> Student work samples | <input type="checkbox"/> Disciplinary records/referrals |
| <input type="checkbox"/> Medical evaluations/diagnoses | <input type="checkbox"/> Cognitive assessments | <input type="checkbox"/> Grades and report card review |
| <input type="checkbox"/> Teacher reports | <input type="checkbox"/> Parent/student interview | <input type="checkbox"/> Other _____ |

Section 504 Eligibility Determination (Check appropriate boxes)																			
<p>1) Does the student have a physical or mental impairment (including impairments that are episodic or in remission)? <i>Note: This is an educational determination only, and not a medical diagnosis for purposes of eligibility.</i></p> <p>If "Yes", identify the impairment here:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No																		
<p>2) Does the physical or mental impairment affect one or more major life activities (including major bodily functions)?</p> <p>If "Yes", check the major life activity that is affected by the impairment:</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Caring for one's self</td> <td><input type="checkbox"/> Hearing</td> <td><input type="checkbox"/> Concentrating</td> </tr> <tr> <td><input type="checkbox"/> Performing manual tasks</td> <td><input type="checkbox"/> Working</td> <td><input type="checkbox"/> Thinking</td> </tr> <tr> <td><input type="checkbox"/> Walking</td> <td><input type="checkbox"/> Breathing</td> <td><input type="checkbox"/> Learning</td> </tr> <tr> <td><input type="checkbox"/> Sitting</td> <td><input type="checkbox"/> Eating</td> <td><input type="checkbox"/> Major Bodily Function</td> </tr> <tr> <td><input type="checkbox"/> Speaking</td> <td><input type="checkbox"/> Sleeping</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td><input type="checkbox"/> Seeing</td> <td><input type="checkbox"/> Reading</td> <td></td> </tr> </table>	<input type="checkbox"/> Caring for one's self	<input type="checkbox"/> Hearing	<input type="checkbox"/> Concentrating	<input type="checkbox"/> Performing manual tasks	<input type="checkbox"/> Working	<input type="checkbox"/> Thinking	<input type="checkbox"/> Walking	<input type="checkbox"/> Breathing	<input type="checkbox"/> Learning	<input type="checkbox"/> Sitting	<input type="checkbox"/> Eating	<input type="checkbox"/> Major Bodily Function	<input type="checkbox"/> Speaking	<input type="checkbox"/> Sleeping	<input type="checkbox"/> Other _____	<input type="checkbox"/> Seeing	<input type="checkbox"/> Reading		<input type="checkbox"/> Yes <input type="checkbox"/> No
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<input type="checkbox"/> Seeing	<input type="checkbox"/> Reading																		
<p>3) Does the physical or mental impairment substantially limit a major life activity (not considering the ameliorative effects of mitigating measures)? <i>Note: If the substantial limitation is primarily the result of cultural, economic, or environmental factors rather than the student's impairment, answer "No."</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No																		
<p>4) Does the student need Section 504 accommodations in order for his/her educational needs to be met as adequately as those of non-disabled peers? <i>Note: If the student's impairment is in remission, or the student's needs are currently addressed by mitigating measures, the student is not in need of an accommodation plan.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No																		

Interpretation

- 1) If all four questions are answered "Yes," the student is eligible for both nondiscrimination protection and a Section 504 accommodation plan.
- 2) If only the first three questions are answered "Yes," the student is eligible for the nondiscrimination protections of Section 504. The Section 504 team will not create a Section 504 plan at this time as the student's needs are currently being met as adequately as his/her nondisabled peers.
- 3) If any of the first three questions are answered "No," the student is not eligible under Section 504.

Section 504 Team Decision (Check appropriate box)

- Not Section 504 Eligible**
- Section 504 Eligible, With Current Need for Accommodation Plan.**
- Section 504 Eligible, With No Current Need for Accommodation Plan (In Remission).** *The student is eligible under Section 504 but will not require an accommodation plan because the physical or mental impairment is in remission and there is not current need for accommodations.*
- Section 504 Eligible, With No Current Need for Accommodation Plan (Mitigating Measures).** *The student is eligible under Section 504 but will not require an accommodation plan because the student's needs are met as adequately as his/her nondisabled peers due to the positive effect of mitigating measures currently in use.*
- Continued Section 504 Eligibility.** *The student remains eligible and will receive an updated Section 504 accommodation plan to meet current needs.*
- Dismissal From Section 504.** *The student is no longer eligible for a Section 504 accommodation plan.*

Team Notes

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