

Section 504 Eligibility Determination

SECTION 1 – STUDENT INFORMATION

_____	_____	_____
Student Name	GTID	Birthdate
_____	_____	_____
School	Grade	Meeting Date

SECTION 2 – SECTION 504 ELIGIBILITY TEAM MEMBERS (SIGNATURES)

_____	_____
Parent	Administrator
_____	_____
Student	School Nurse
_____	_____
Teacher	School Psychologist/Guidance Counselor
_____	_____
Teacher	Other

SECTION 3 – SUSPECTED/REPORTED IMPAIRMENT INFORMATION

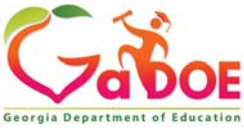
A. Under Section 504, a student with a disability is defined as a person who: (1) has a physical or mental impairment that substantially limits a major life activity; (2) has a record of such an impairment; or (3) is regarded as having such an impairment. **Please list the suspected/reported physical or mental impairment(s) below:**

_____	_____
Suspected/reported physical or mental impairment	Suspected/reported physical or mental impairment

B. The impairment(s) above limits at least one of the following major life activities:

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

C. The suspected/reported impairment(s) is/are: episodic temporary permanent



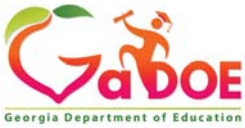
Section 504 Eligibility Determination

SECTION 4 – EVALUATION INFORMATION

A. The following were reviewed/administered as part of the Section 504 eligibility process:

- | | |
|---------------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> Standardized test scores | <input type="checkbox"/> Discipline records |
| <input type="checkbox"/> Psychological assessment | <input type="checkbox"/> Student work samples |
| <input type="checkbox"/> Adaptive behavior assessment | <input type="checkbox"/> Cognitive assessment |
| <input type="checkbox"/> Medical diagnosis/assessment | <input type="checkbox"/> Teacher recommendations/observations |
| <input type="checkbox"/> Academic records/grades | <input type="checkbox"/> Parent input |
| <input type="checkbox"/> Physical condition information | <input type="checkbox"/> Section 504 Pre-referral data |
| <input type="checkbox"/> Social or cultural background | <input type="checkbox"/> Other _____ |

B. Provide a clear, concise description of results from assessments/data that were reviewed.



Section 504 Eligibility Determination

SECTION 5 – PLACEMENT DECISION

In accordance with 34 C.F.R. §104.35(c) each member who participates in the placement decision **must** be knowledgeable about the student, the meaning of the evaluation data, and/or accommodation and placement options.

A. Enter each team member’s name, and mark the applicable knowledge base.

Team Member	Student	Meaning of Evaluation Data	Accommodation and Placement Options

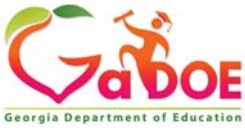
B. Eligibility Determination

(1) Based on the above information, does the student have a physical and/or mental impairment? _____

(2) If yes, does the impairment **substantially** limit at least one major life activity? _____ (Yes, No, or N/A)
See State Rule 160-4-2-.32, Determining Substantial Limitations for definition/guidance.

IF THE ANSWER TO QUESTION (1) OR (2) IS ‘NO’, THEN THE STUDENT IS NOT ELIGIBLE FOR SECTION 504 SERVICES. THE ELIGIBILITY PROCESS IS HALTED. PARENT SIGNS BELOW.

“I have received a copy of Procedural Safeguards under Section 504.” _____
Parent signature



Section 504 Eligibility Determination

IF THE ANSWERS TO QUESTIONS (1) AND (2) ARE 'YES', THEN THE STUDENT IS ELIGIBLE FOR SECTION 504 SERVICES. PROCEED WITH DEVELOPMENT OF A 504 SUPPORT AND ACCOMMODATIONS PLAN FOR THE STUDENT. PARENT SIGNS BELOW.

"I have received Notice of Rights of Students and Parents under Section 504." _____
Parent signature

"I have received a copy of Procedural Safeguards under Section 504." _____
Parent signature

SECTION 6 – SECTION 504 SUPPORT AND ACCOMMODATIONS PLAN MEETING

_____ has been found eligible for support and
(Student Name)

accommodations under Section 504 of the Rehabilitation Act of 1973. The team must now schedule a meeting to develop a Section 504 Support and Accommodations Plan for your child. The members who participated in determining eligibility may or may not become members of your child's 504 team.

Your point of contact is:

Name of LEA contact for this student's Section 504

LEA Contact number

LEA Contact email address