

DISTRICT NAME

Address

Section 504 Eligibility Determination

(For Section 504 eligibility, a student's physical or mental impairment must substantially limit one or more major life activities.)

[insert student information from Referral Form]

**Date of Conference:
Reevaluation:**

Initial Referral Date:

Date of Last

Participants' Names/Titles:	

Identify the referral issues or concerns noted by the parent and student, and/or staff: _____

Section 504 Evaluation (check one):

- Initial Evaluation** **Reevaluation**

The Section 504 Team has reviewed and considered the following information and record results in the Education summary below: (check all that apply)

<input type="checkbox"/> Educational Evaluation Data	<input type="checkbox"/> Teacher/administrator input	<input type="checkbox"/> Grade Reports
<input type="checkbox"/> Academic/Behavioral Interventions	<input type="checkbox"/> Parent Input	<input type="checkbox"/> Disciplinary Record
<input type="checkbox"/> School Social Work Assessment	<input type="checkbox"/> Student Work/Anecdotal Records	<input type="checkbox"/> Attendance Record
<input type="checkbox"/> Screening Data	<input type="checkbox"/> Standardized Test Data	<input type="checkbox"/> School Health Information/Health Plan
<input type="checkbox"/> Medical Report (please attach) Date: _____ Medical diagnosis: _____ Dr. or Medical Provider Name: _____		<input type="checkbox"/> Environmental/Cultural/Economic Factors <i>Conditions resulting from these factors are not necessarily disabilities</i>

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Evaluation Summary (summarize each area checked above):

[insert evaluation information]

Parent Input

• **Specify the student’s suspected physical or mental impairment:**

(A physical impairment is any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the body systems. A mental impairment is any mental or psychological disorder. Physical or mental impairments are to be diagnosed by professional persons holding state license or certified through the Department of Education)

- **Is the impairment temporary (with an actual or expected duration less than six months):** **Yes**
 No

If yes, explain (and indicate actual or expected duration):

(A temporary impairment does not constitute a disability for purposes of Section 504 unless its severity is such that it results in a substantial limitation of one or more major life activities for an extended period of time. Note that an individual is not “regarded as” an individual with a disability if the impairment is transitory and minor. A transitory impairment is an impairment with an actual or expected duration of 6 months or less.)

- **List the major life activity(ies) and/or major bodily functions impacted by the physical or mental impairment:**

If seeing is listed above, is there a mitigating measure of ordinary eyeglasses or contact lenses?

No Yes Describe: _____

If yes, does this mitigating measure correct or reduce the effects of the physical impairment?

No Yes Describe: _____

- **Does the physical or mental impairment substantially limit the major life activity?**

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1. Describe how the impairment limits a Major Life Activity (MLA) or Major Bodily Function (MBF)

2. Place an “X” on the following scale to indicate the specific degree that the impairment limits the major life activity

(in #1):

- Make an educated estimate without the effects of mitigating measures, such as medication; low-vision devices (except eyeglasses or contact lenses); hearing aids and cochlear implants, mobility devices, prosthetics, assistive technology; learned behavioral or adaptive neurological modifications; and reasonable accommodations or auxiliary aids/services.
- Similarly, for impairments that are episodic or in remission, make the determination for the time they are active.
- Use the average student in the general population as the frame of reference.
- Interpret close calls in favor of broad coverage (i.e., construing Items 1-3 to maximum extent that they permit). Thus, for

an “X” at 4.0 or below, fill in specific information evaluated by the team that justifies the rating:

- ___ Extremely [5] _____
- ___ Substantially [4] _____
- ___ Moderately [3] _____
- ___ Mildly [2] _____
- ___ Neglibily [1] _____

3. If the team’s determination for #2 was less than “4”, provide notice to the parents of their procedural rights, including an impartial hearing. If the team’s determination was a “4” or above, the team should determine and list on the 504/ADA Plan the specific accommodations that are necessary for the child to have an opportunity commensurate with non-disabled students (of the same age).

ELIGIBILITY DETERMINATION

Based on the analysis of the evaluation data, does the student have a disability that substantially

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limits a major life activity?

Please check one of the following:

No, the student is not Section 504 eligible.

Yes, the student is Section 504 eligible, but does not require a plan because (1) of the corrective effects of mitigating measures or (2) the impairment is episodic or in remission. The 504 team will be re-convened as necessary to review the status of the student's disability.

Yes, the student is Section 504 eligible but does not currently require accommodations

Yes, the student is 504 eligible and requires an accommodation plan.

- **If eligibility criteria are met for Section 504 and the student requires an accommodation plan, complete Section 504 Plan.**
- **If eligibility criteria for Section 504 are not met, identify any regular education interventions and strategies that may assist the student:**

☞ Parent and student, as appropriate, have been provided with a copy of Section 504 Eligibility Determination and Parent/Student Rights.

Parent/Student Signature _____ [or] Date copies provided via U.S. Mail _____
