

SECTION 504 ELIGIBILITY DETERMINATION FORM

DATE: ____/____/____

Student: _____ **DOB:** ____/____/____

School: _____ **Grade:** _____

Evaluation Information: (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Psychological Evaluation | <input type="checkbox"/> Classroom Performance Data |
| <input type="checkbox"/> Physician Report | <input type="checkbox"/> Discipline History |
| <input type="checkbox"/> Achievement Tests | <input type="checkbox"/> Parent Information |
| <input type="checkbox"/> Teacher Reports | <input type="checkbox"/> Classroom Assessments |
| <input type="checkbox"/> Observation Data | <input type="checkbox"/> Other (specify) _____ |

Eligibility

1. Does the student have a physical or mental impairment? ____yes ____no (If yes, identify the impairment and supporting data.)

2. Describe how and to the degree the impairment limits a Major Life Activity (MLA) or Major Bodily Function (MBF).

Negligible Mild Substantial Severe

Eligibility Determination

Based on the analysis of the evaluation data, does the student have a disability that substantially limits a major life activity or major bodily function? (Check one of the following)

_____ **No**, the student is not Section 504 eligible.

_____ **Yes**, the student is Section 504 eligible but does not currently require accommodations other than those provided through the attached Individual Health Plan or Emergency Health Protocol.

_____ **Yes**, the student is 504 eligible and requires a Section 504 Plan.

Team Members	Position
	Parent
	Administrator/Designee
	Teacher

Parent received a copy of ***A Parent's Guide to Section 504.*** _____ Yes _____ No

Copies: Parent, Teachers, Section 504 Folder, Section 504 Coordinator