District Letter Head

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| Section 504 Eligibility Determination |

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| **Student Information** | | |
| **Student Name:** | | **Date:** |
| **Date of Birth:** | **District ID:** | **Grade:** |
| **Attending District:** | **Attending School:** | |
| **504 Case Manager:** | **Case Manager Contact:** | |

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| **The 504 Team** | | | |
| **Name** | | **Title** | **Knowledgeable of** (check one) |
|  | |  | The student  The evaluation data  The placement |
|  | |  | The student  The evaluation data  The placement |
|  | |  | The student  The evaluation data  The placement |
|  | |  | The student  The evaluation data  The placement |
|  | |  | The student  The evaluation data  The placement |
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| **A. Evaluation Summary** | | | |
| **Educational History & Present Educational Placement Status** | | | |
| **Sources of Evaluation Information** (include date and description) | | | |
| **Results of Assessment** | | | |
| **Present Learning and Education Performance Description** | | | |
| ***Current classes and grades*** | | | |
| ***School attendance*** | | | |
| ***Other relevant information*** | | | |
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| **B. Eligibility Determination** | | | |
| Does the student have a physical or mental impairment? | | | |
| 🞎 **Yes**, describe: | | | |
| 🞎 **No**, explain: | | | |
| 2. Does the student’s impairment substantially limit one or more major life activities?   If yes, check appropriate box below. (*Note: Do not consider medication, assistive devices or other ameliorating factors.)* | | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | 🞎 Seeing | 🞎 Thinking | 🞎 Walking | 🞎 Sleeping | 🞎 Communicating | | 🞎 Hearing | 🞎 Concentrating | 🞎 Breathing | 🞎 Standing | 🞎 Interacting w/others | | 🞎 Speaking | 🞎 Learning | 🞎 Other bodily functions | 🞎 Lifting | 🞎 Planning/Organization | | 🞎 Reading | 🞎 Working | 🞎 Eating | 🞎 Bending | 🞎 Performing manual tasks | | 🞎 Handwriting | 🞎 Caring for oneself | 🞎 Other: \_\_\_\_\_\_\_\_\_\_\_\_ |   **If yes, describe how the activity is substantially limited:**  *Student has a physical or mental impairment that substantially limits one or more major life activities.*  *“Substantial limitation” means that the student is unable to or is significantly restricted as to the condition, manner or duration under which they can perform the major life activity as compared to an average person.*  *“Average person” means average for the student’s age or grade level across a large population -- like the state or the country. The comparison is* ***not*** *to the student’s potential, to the student’s other siblings, or to other students in the class or school.* | | | |
| 3. Is the student eligible under Section 504 of the Rehabilitation Act of 1973? | | | |
| 🞎 **Yes, Student is eligible with a 504 plan** | Complete a 504 plan | | |
| 🞎 **Yes, Student is technically eligible** without a 504 plan *(ex. has a history of an impairment, regarded as having an impairment, etc.)* | Explain: | | |
| 🞎 **No, Student is not eligible** | Explain: | | |
| |  |  |  |  | | --- | --- | --- | --- | | **Section 504 Meeting Participants** | | | | | **Name** | **Signature** | **Agree** | **Disagree** | |  |  | 🗆 | 🗆 | |  |  | 🗆 | 🗆 | |  |  | 🗆 | 🗆 | |  |  | 🗆 | 🗆 | |  |  | 🗆 | 🗆 |   This document constitutes the district’s notice to parent(s)/guardian(s) regarding the student’s eligibility or non-eligibility under Section 504. | | | |