

Section 504 Eligibility Determination Form

Meeting date: ____ / ____ / ____

Student: _____

Parent/Guardian: _____

School: _____

Date of birth: ____ / ____ / ____ **Grade:** _____

Evaluation Information collected: (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Psychological evaluation | <input type="checkbox"/> Observation data |
| <input type="checkbox"/> Physician report | <input type="checkbox"/> Classroom performance data |
| <input type="checkbox"/> Classroom assessments | <input type="checkbox"/> Teacher reports |
| <input type="checkbox"/> Discipline history | <input type="checkbox"/> Parent information |
| <input type="checkbox"/> Achievement assessments | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Other (specify) _____ | <input type="checkbox"/> Other (specify) _____ |

Note: Ensure that all supporting documents are attached to this document.

Eligibility

1. Does the student have a physical or mental impairment? ____ Yes ____ No (If yes, identify the impairment and provide supporting data.)

2. Identify the degree to which the impairment limits a Major Life Activity (MLA) or Major Bodily Function (MBF).

____ Not applicable ____ Negligible ____ Mild ____ Substantial ____ Severe

Explain why the box checked above was selected:

3. Explain and substantiate how the impairment limits a Major Life Activity (MLA) or Major Bodily Function (MBF).

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Eligibility Determination

Based on the analysis of the evaluation data, does the student have an impairment 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 an accommodation plan due to mitigating measures of impairment in remission or episodic.
- Yes**, the student is Section 504 eligible, but does not currently require accommodations other than those provided such as an Individual Health Plan, Emergency Health Protocol, etc.
- Yes**, the student is 504 eligible and requires a Section 504 Plan.

Actions to be Taken

Check those that apply:

- The student does NOT have a physical or mental impairment that substantially impacts one or more major life activities.
 - No further action is needed at this time.
 - An individual health plan or behavior plan will address the need for additional services.

The student has a physical or mental impairment that substantially impacts one or more major life activities.

A Section 504 accommodation plan will be written.

A Section 504 accommodation plan is not needed at this time.

The team recommends in addition to a Section 504 plan that further evaluation for possible IDEA eligibility be pursued.

Parent/Guardian received a copy of ***A Parent's Guide to Section 504*** ___Yes ___No

Date: ___/___/___

Indicate the members of the 504 team in the table provided below.

Team Member	Signature	Position or Title
		Parent/Guardian
		Administrator/Designee
		Teacher
		Teacher
		Other

Note: Copies should be provided to parent/guardian, Section 504 Folder, and the Section 504 Coordinator.

