

SECTION 504 STUDENT ELIGIBILITY FORM*

Student: _____

DOB: ____/____/____

School: _____

Grade: _____

Date: _____

Evaluation Information: (check all that apply)

- Psychological Evaluation
- Physician Report
- Achievement Tests
- Teacher Reports
- Observation Data

- Classroom Performance Data
- Discipline History
- Parent Information
- Curriculum Based Assessments
- Other (specify): _____

1. **Does the student have a mental or physical *impairment*** (as recognized in DSM-IV or other respected source if not excluded under 504/ADA, e.g., illegal drug use)? **No** (if no, go to eligibility determination section) **Yes** (if yes, identify the impairment and supporting data)

Impairment: _____

Supporting Data: _____

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

3. **Place an “X” on the following scale to indicate the specific degree that the impairment (in #1) limits the major life activity (in #2):**

- 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:

- | | | | |
|---|---------------|--------------------------|--|
| 5 | Extremely | <input type="checkbox"/> | |
| 4 | Substantially | <input type="checkbox"/> | |
| 3 | Moderately | <input type="checkbox"/> | |
| 2 | Mildly | <input type="checkbox"/> | |
| 1 | Negligibly | <input type="checkbox"/> | |

4. **If the team’s determination for #3 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).**

*Adapted with permission from Perry A. Zirkel, author of *Section 504, the ADA and the Schools*.

ELIGIBILITY DETERMINATION

Based on the analysis of the evaluation data, does the student have a disability that substantially 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 other than those provided through the attached Individual Health Plan or Emergency Health Protocol.
- Yes**, the student is 504 eligible and requires an accommodation plan.

Team Signatures	Date	Position
_____	_ / _ / _	Administrator / Designee
_____	_ / _ / _	Teacher
_____	_ / _ / _	_____
_____	_ / _ / _	_____
_____	_ / _ / _	_____
_____	_ / _ / _	_____

Parental Notice

I have participated in the Section 504 Eligibility process and have received copies of this notice and the Parent’s Notice of Section 504 Rights.

_____ / _ / _
Parent / Guardian Signature **Date**

*Adapted with permission from James McKethan, author of *Implementing Section 504 as Amended by the ADAAA08*