

SECTION 504 STUDENT ELIGIBILITY

Student's Name: _____ Grade: _____ Date: _____
 School: _____ Birth Date: _____ Parent(s): _____
 School Contact Person: _____ Position: _____

Eligibility Team Members

Fill in names and check if knowledgeable about the category; there should be at least one check in each column.

Name	Child	Meaning of evaluation data	Accommodations or placement options
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Sources of Evaluation Information

Indicate each one used.

_____ achievement tests _____ teacher recommendations/observations _____ adaptive behavior
 _____ student work samples _____ medical report _____ cognitive assessments
 _____ other (specify): _____

1. Specify the mental or physical impairment: _____

2. Check the major life activity that is affected by the impairment:

- | | | | |
|--|--|--|-----------------------------------|
| <input type="checkbox"/> seeing | <input type="checkbox"/> hearing | <input type="checkbox"/> reading | <input type="checkbox"/> thinking |
| <input type="checkbox"/> walking | <input type="checkbox"/> learning | <input type="checkbox"/> concentrating | <input type="checkbox"/> sleeping |
| <input type="checkbox"/> bowel functions | <input type="checkbox"/> bladder functions | <input type="checkbox"/> digestive functions | <input type="checkbox"/> eating |

Or specify alternative of equivalent scope and importance: _____

3. Circle the number on the following scale that indicates the degree to which 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 (i.e., national) population as the frame of reference. Interpret close calls in favor of broad coverage (i.e., construing Items 1 to 3 to the maximum extent that they permit). Thus, for a circle at 4 or below, fill in specific information evaluated by the team that justifies the rating.

- 5 Extremely _____
- 4 Substantially** _____
- 3 Moderately _____
- 2 Mildly _____
- 1 Negligibly _____

If the team's determination for #3 was less than 4, the student is not eligible for Section 504 protections. Provide notice to 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 Section 504 Accommodation Plan the specific accommodations that are necessary for the student to have an opportunity commensurate with nondisabled students of approximately the same age in this district.