



SECTION 504 STUDENT ELIGIBILITY FORM*

Student: _____ DOB: _____

School: _____ Grade: _____

Date: _____

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"/> Curriculum Based Assessments |
| <input type="checkbox"/> Observation Data | <input type="checkbox"/> 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?

- 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 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*