

# Section 504 Eligibility Determination

## SECTION 1 – STUDENT INFORMATION

_____	_____	_____
<b>Student Name</b>	<b>GTID</b>	<b>Birthdate</b>
_____	_____	_____
<b>School</b>	<b>Grade</b>	<b>Meeting Date</b>

## SECTION 2 – SECTION 504 ELIGIBILITY TEAM MEMBERS (SIGNATURES)

_____	_____
Parent	Administrator
_____	_____
Student	School Nurse
_____	_____
Teacher	School Psychologist/Guidance Counselor
_____	_____
Teacher	Other

## SECTION 3 – SUSPECTED/REPORTED IMPAIRMENT INFORMATION

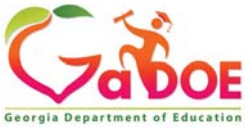
**A.** Under Section 504, a student with a disability is defined as a person who: (1) has a physical or mental impairment that substantially limits a major life activity; (2) has a record of such an impairment; or (3) is regarded as having such an impairment. **Please list the suspected/reported physical or mental impairment(s) below:**

_____	_____
Suspected/reported physical or mental impairment	Suspected/reported physical or mental impairment

**B.** The impairment(s) above limits at least one of the following major life activities:

- |  |                                    |                                      |
|--|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Caring for one’s self   | <input type="checkbox"/> Hearing   | <input type="checkbox"/> Learning    |
| <input type="checkbox"/> Performing manual tasks | <input type="checkbox"/> Speaking  | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Walking                 | <input type="checkbox"/> Breathing |                                      |
| <input type="checkbox"/> Seeing                  | <input type="checkbox"/> Working   |                                      |

**C.** The suspected/reported impairment(s) is/are:     episodic             temporary             permanent



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## SECTION 4 – EVALUATION INFORMATION

A. The following were reviewed/administered as part of the Section 504 eligibility process:

- Standardized test scores
- Psychological assessment
- Adaptive behavior assessment
- Medical diagnosis/assessment
- Academic records/grades
- Physical condition information
- Social or cultural background
- Discipline records
- Student work samples
- Cognitive assessment
- Teacher recommendations/observations
- Parent input
- Section 504 Pre-referral data
- Other \_\_\_\_\_

B. Provide a clear, concise description of results from assessments/data that were reviewed.

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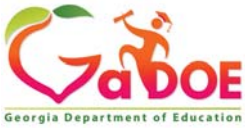
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## Section 504 Eligibility Determination

**SECTION 5 – PLACEMENT DECISION**

In accordance with 34 C.F.R. §104.35(c) each member who participates in the placement decision **must** be knowledgeable about the student, the meaning of the evaluation data, and/or accommodation and placement options.

**A.** Enter each team member’s name, and mark the applicable knowledge base.

Team Member	Student	Meaning of Evaluation Data	Accommodation and Placement Options

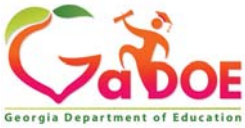
**B. Eligibility Determination**

(1) Based on the above information, does the student have a physical and/or mental impairment? \_\_\_\_\_

(2) If yes, does the impairment **substantially** limit at least one major life activity? \_\_\_\_\_ (Yes, No, or N/A)  
*See State Rule 160-4-2-.32, Determining Substantial Limitations for definition/guidance.*

**IF THE ANSWER TO QUESTION (1) OR (2) IS ‘NO’, THEN THE STUDENT IS NOT ELIGIBLE FOR SECTION 504 SERVICES. THE ELIGIBILITY PROCESS IS HALTED. PARENT SIGNS BELOW.**

“I have received a copy of Procedural Safeguards under Section 504.” \_\_\_\_\_  
Parent signature



## Section 504 Eligibility Determination

**IF THE ANSWERS TO QUESTIONS (1) AND (2) ARE 'YES', THEN THE STUDENT IS ELIGIBLE FOR SECTION 504 SERVICES. PROCEED WITH DEVELOPMENT OF A 504 SUPPORT AND ACCOMMODATIONS PLAN FOR THE STUDENT. PARENT SIGNS BELOW.**

"I have received Notice of Rights of Students and Parents under Section 504." \_\_\_\_\_  
Parent signature

"I have received a copy of Procedural Safeguards under Section 504." \_\_\_\_\_  
Parent signature

### SECTION 6 – SECTION 504 SUPPORT AND ACCOMMODATIONS PLAN MEETING

\_\_\_\_\_ has been found eligible for support and  
(Student Name)

accommodations under Section 504 of the Rehabilitation Act of 1973. The team must now schedule a meeting to develop a Section 504 Support and Accommodations Plan for your child. The members who participated in determining eligibility may or may not become members of your child’s 504 team.

Your point of contact is:

\_\_\_\_\_  
Name of LEA contact for this student’s Section 504

\_\_\_\_\_  
LEA Contact number

\_\_\_\_\_  
LEA Contact email address