

**[School District Name and Address]**  
**SECTION 504 ELIGIBILITY DETERMINATION FORM [Short Version]**

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Student's Name:           DOB:           Age:  
School:           Grade:  
Parent/Guardian:       Case Manager/Contact Person:  
Date of Meeting:

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**A. Purpose of Meeting**

- Determine initial eligibility under Section 504 and consider eligibility for accommodations/related aids or services.
- Review eligibility under Section 504.
- Review eligibility and accommodations/related aids or services before significant change in placement.

**B. 504 Eligibility Team Members: (Check the categories that apply to each team member below)**

<u>Name/Position:</u>	<u>Knowledgeable about:</u>
	<input type="checkbox"/> Child <input type="checkbox"/> Meaning of Evaluation Data <input type="checkbox"/> Accommodations/Placement
	<input type="checkbox"/> Child <input type="checkbox"/> Meaning of Evaluation Data <input type="checkbox"/> Accommodations/Placement
	<input type="checkbox"/> Child <input type="checkbox"/> Meaning of Evaluation Data <input type="checkbox"/> Accommodations/Placement
	<input type="checkbox"/> Child <input type="checkbox"/> Meaning of Evaluation Data <input type="checkbox"/> Accommodations/Placement

**C. Sources of Evaluation Information:**

- |  |  |
|--|--|
| <input type="checkbox"/> School records review         | <input type="checkbox"/> Observations of student   |
| <input type="checkbox"/> Grades and report card review | <input type="checkbox"/> Teacher reports           |
| <input type="checkbox"/> Parent and/or student report  | <input type="checkbox"/> Checklists, rating scales |
| <input type="checkbox"/> Medical information           | <input type="checkbox"/> Nursing assessment        |
| <input type="checkbox"/> Standardized testing          | <input type="checkbox"/> Parent/student interviews |
| <input type="checkbox"/> Other:                        |  |

**D. Eligibility Criteria:**

1. The student has a mental or physical impairment (specify):

and

2. The impairment substantially limits one or more of the following major life activities (check):

- |                                   |  |   |  |
|-----------------------------------|--|---|--|
| <input type="checkbox"/> seeing   | <input type="checkbox"/> hearing       | <input type="checkbox"/> caring for oneself | <input type="checkbox"/> breathing     |
| <input type="checkbox"/> walking  | <input type="checkbox"/> learning      | <input type="checkbox"/> working            | <input type="checkbox"/> eating        |
| <input type="checkbox"/> sleeping | <input type="checkbox"/> standing      | <input type="checkbox"/> lifting            | <input type="checkbox"/> bending       |
| <input type="checkbox"/> reading  | <input type="checkbox"/> concentrating | <input type="checkbox"/> thinking           | <input type="checkbox"/> communicating |

speaking

performing manual tasks

operation of a major bodily function

The term "substantially limits" means that the student is:

- a) unable to perform a major life activity that the average person in the general population can perform, or
- b) substantially restricted as to the condition, manner or duration under which a particular life activity is performed as compared to the student's average peers (*compared to national norms*).

**E. Eligibility Determination:**

The student does not have a physical or mental impairment and/or any identified impairment does not substantially limit a major life activity. Therefore, the student is not eligible for Section 504 protections. The parent must be provided notice of their procedural rights, including the right to an impartial hearing.

The student does have a physical or mental impairment that substantially limits a major life activity.

The student requires accommodations/related aids or services in a 504 plan.

The student does not require accommodations/related aids or services in a 504 plan at this time.