

# SECTION 504 ELIGIBILITY DETERMINATION FORM [Short Form]

|                              |           |                  |
|------------------------------|-----------|------------------|
| Student's Name:              | DOB:      | Age:             |
| School:                      |           | Grade:           |
| Parent(s)/Guardian(s):       |           |                  |
| Case Manager/Contact Person: | Position: | Date of Meeting: |

**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)**

| NAME/POSITION: | KNOWLEDGEABLE ABOUT: |                            |                                  |
|----------------|----------------------|----------------------------|----------------------------------|
|                | Child                | Meaning of Evaluation Data | Accommodations/Placement Options |
|                | Child                | Meaning of Evaluation Data | Accommodations/Placement Options |
|                | Child                | Meaning of Evaluation Data | Accommodations/Placement Options |
|                | Child                | Meaning of Evaluation Data | Accommodations/Placement Options |
|                | Child                | Meaning of Evaluation Data | Accommodations/Placement Options |
|                | Child                | Meaning of Evaluation Data | Accommodations/Placement Options |

**C. Sources of Evaluation Information – Check those that apply:**

- |  |   |
|--|---|
| School Records Review _____<br>Grades and Report Card Review _____<br>Parent and/or Student Report _____<br>Response to Intervention (RTI) _____<br>Medical/Health Information _____<br>Standardized Testing _____<br>Other: _____ | Observations of Student _____<br>Teacher Reports _____<br>Checklists/Rating Scales _____<br>Functional Behavior Assessment (FBA) _____<br>Nursing Assessment _____<br>Parent/Student Interviews _____ |
|--|---|

**D. Eligibility Criteria:**

1. The student has a mental or physical impairment (specify the nature of the impairment):<sup>1</sup> \_\_\_\_\_
- and
2. The impairment *substantially limits* one or more of the following major life activities (check all that apply):

- |          |                         |                                      |               |
|----------|-------------------------|--------------------------------------|---------------|
| seeing   | hearing                 | caring for oneself                   | breathing     |
| walking  | learning                | working                              | eating        |
| sleeping | standing                | lifting                              | bending       |
| reading  | concentrating           | thinking                             | communicating |
| speaking | performing manual tasks | operation of a major bodily function | other:        |
| sitting  | reaching                | interacting with others              |               |

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

<sup>1</sup> The 504 Team does not itself diagnose the student

(b) SUBSTANTIALLY RESTRICTED as to the condition, manner or duration under which a particular life activity is performed when compared to most students in the general population at that age or grade level (*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 a Section 504 plan. The parent must be provided with a copy of procedural safeguards.

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.

Recall that students with a past “record” of a disability may occasionally need an accommodation such as time away from school for a check up on their former condition.