

## SECTION 504 STUDENT ELIGIBILITY FORM\*

**Student:** \_\_\_\_\_

**DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**School:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Evaluation Information: (check all that apply)**

- |   |   |
|---|---|
| <input type="checkbox"/> Psychological Evaluation<br><input type="checkbox"/> Physician Report<br><input type="checkbox"/> Achievement Tests<br><input type="checkbox"/> Teacher Reports<br><input type="checkbox"/> Observation Data | <input type="checkbox"/> Classroom Performance Data<br><input type="checkbox"/> Discipline History<br><input type="checkbox"/> Parent Information<br><input type="checkbox"/> Curriculum Based Assessments<br><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*.

**Copies:** Parent, Teachers, Section 504 Folder, Section 504 Coordinator

