

Section 504 Eligibility Determination Form

Meeting date: ____/____/____

Student: _____

Date of birth: ____/____/____

Parent/Guardian: _____

School: _____

Grade: _____

Evaluation Information collected: (check all that apply)

- ☐ Psychological evaluation
- ☐ Physician report
- ☐ Classroom assessments
- ☐ Discipline history
- ☐ Achievement assessments
- ☐ Parent information

- ☐ Observation data
- ☐ Classroom performance data
- ☐ Teacher reports
- ☐ Other (specify) _____
- ☐ Other (specify) _____
- ☐ Other (specify) _____

Note: Ensure that all supporting documents are attached to this document.

Eligibility

1. Does the student have a physical or mental impairment? ____ Yes ____ No (If yes, identify the impairment and provide supporting data.)

2. Identify the degree to which the impairment limits a Major Life Activity (MLA) or Major Bodily Function (MBF).

____ Not applicable ____ Negligible ____ Mild ____ Substantial ____ Severe

Explain why the box checked above was selected:

3. Explain and substantiate how the impairment limits a Major Life Activity (MLA) or Major Bodily Function (MBF).

Eligibility Determination

Based on the analysis of the evaluation data, does the student have an impairment that substantially limits a major life activity or major bodily function?

Check one of the following:

- ☐ **No**, the student is not Section 504 eligible.
- ☐ **Yes**, the student is Section 504 eligible, but does not currently require an accommodation plan due to mitigating measures of impairment in remission or episodic.
- ☐ **Yes**, the student is Section 504 eligible, but does not currently require accommodations other than those provided such as an Individual Health Plan, Emergency Health Protocol, etc.
- ☐ **Yes**, the student is 504 eligible and requires a Section 504 Plan.

Actions to be Taken

Check those that apply:

- ☐ The student does NOT have a physical or mental impairment that substantially impacts one or more major life activities.
 - ☐ No further action is needed at this time.
 - ☐ An individual health plan or behavior plan will address the need for additional services.
- ☐ The student has a physical or mental impairment that substantially impacts one or more major life activities.
 - ☐ A Section 504 accommodation plan will be written.
 - ☐ A Section 504 accommodation plan is not needed at this time.
- ☐ The team recommends in addition to a Section 504 plan that further evaluation for possible IDEA eligibility be pursued.

Parent/Guardian received a copy of *A Parent's Guide to Section 504* ____ Yes ____ No

Date: ____/____/____

Indicate the members of the 504 team in the table provided below.

Team Member	Signature	Position or Title	
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		Parent/Guardian	
		Administrator/Designee	
		Teacher	
		Teacher	
		Other	

Note: Copies should be provided to parent/guardian, Section 504 Folder, and the Section 504 Coordinator.