

Determination of Eligibility for 504 Services

Student's Name: _____ Date Referred: _____

Site: _____ Student's ID Number: _____

Reason the student is being considered for Section 504 Eligibility? _____

List information and documentation used in the eligibility determination.

*When determining eligibility **do not** consider any mitigating measures other than the use of ordinary glasses or contact lenses. Examples of mitigating measures: medication, hearing aids and prosthetic limbs.*

Does the student have a physical or mental impairment? Section 504 defines a physical or mental impairment as any physiological disorder or condition, cosmetic disfigurement or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive; genito-urinary; hemic and lymphatic; skin; and endocrine. **Yes** ___ **No** ___ **If yes, describe:**

Does the student's impairment substantially limit any major life activities? *Examples of major life activities: bending, breathing, caring for oneself, communicating, concentrating, eating, hearing, learning, lifting, performing manual tasks, reading, seeing, sleeping, speaking, standing, thinking, walking and working, as well as major bodily functions such as bladder, bowel, brain, digestive, endocrine, immune system, neurological, normal cell growth, reproductive and respiratory functions.* **Yes** ___ **No** ___ **If yes, identify the major life activity(ies):** _____

In accordance with Section 504 eligibility standards, this student:

___ has a physical or mental impairment that substantially limits a major life activity and meets eligibility standards to be identified as having a Section 504 disability.

___ does not have a physical or mental impairment that substantially limits a major life activity and therefore, does not meet eligibility standards under Section 504.

Date eligibility will be reviewed _____

Participant Signatures	Position/Title	Date	Agree	Disagree

I have received a copy of Section 504 Procedural Safeguards. _____
Student/Parent Signature Date

Section 504 Accommodation Plan

Student's Name: _____ Site Name: _____

Beginning Date: _____ Review Date: _____

AREAS OF NEED	ACCOMMODATIONS/SERVICES SUPPORTS/ASSISTIVE TECHNOLOGY	LOCATION	FREQUENCY	TITLE OF RESPONSIBLE PARTY

Comments:

Participant Signatures	Position/Title	Date	Agree/Disagree

I have been informed and received notice of this plan and have received Section 504 procedural safeguards.

_____ **Student/Parent**

_____ **Date**