

504 ELIGIBILITY DETERMINATION

Student's Name: _____ Birth Date: _____ Grade: _____

Date _____ School: _____

Center Coordinator: _____

Parent Name: _____

Home Phone: _____ Work Phone: _____

Parent Address: _____

504 Team Members: (fill in names and check areas of knowledge)

<u>Name of Team Member</u>	<u>Child</u>	<u>Meaning of evaluation data</u>	<u>Accommodations/ placement options</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Variety of sources of evaluation information: (indicate each area where information reported and reviewed)

_____ achievement tests	_____ teacher
_____ adaptive behavior	_____ recommendations/observations
_____ medical report	_____ student work samples
_____ other	_____ cognitive assessments
(specify): _____	

1. Specify the mental or physical impairment: _____

2. Check the major life activity that is affected by the impairment:

_____ seeing	_____ hearing	_____ caring for one's self
_____ breathing	_____ walking	_____ learning
_____ performing manual tasks	_____ working	_____ speaking
_____ bending	_____ lifting	_____ standing
_____ sleeping	_____ reading	_____ eating
_____ communicating	_____ concentrating	_____ thinking

_____ operations of major bodily functions (circle, as appropriate: immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, or reproductive functions)

_____ other major life activities/major bodily functions: _____

3. Determine the impact of the impairment on the major life activity:
 - a. The team must focus on the major life activity as a whole (e.g., learning), not on a particular class (e.g., math) or sub-area (e.g., study skills).
 - b. The term “substantially limits” means that the student is restricted as to the conditions, manner, or duration under which a particular major life activity can be performed as compared to the average student in the general population. The restriction is material/important.
 - c. Do not consider the ameliorative effects of mitigating measures such as medication, medical supplies, equipment, or appliances, low vision devices (excluding ordinary eyeglasses or contact lenses), prosthetics, hearing aids and cochlear implants, mobility devices, oxygen therapy equipment and supplies, assistive technology, reasonable accommodations or auxiliary aids and services, or learned behavioral or adaptive neurological modifications.
 - d. Discount from the analysis any sub-par performance due to factors other than an impairment, such as lack of motivation, the immediate situation or environment, lack of appropriate instruction.
 - e. For episodic impairments or impairments that go into remission, determine substantial limitation when the impairment is in the active state.

4. After an analysis of impact per #3, place an “X” on the following scale to indicate the degree that the impairment (in #1) limits the major life activity (in #2): For an “X” at 4.0 or above, fill in specific information evaluated by the team that justifies the rating:

5-----	Extremely	
4-----	Substantially	
3-----	Moderately	
2-----	Mildly	
1-----	Negligibly	

_____ The team’s determination is less than 4.0. The student is not eligible under prong 1 of the definition of “individual with a disability.” Consider a general education intervention plan. Provide notice to parents of their procedural rights, including an impartial hearing.

OR

_____ The team’s determination is a “4” or above. The student is eligible under prong 1 of the definition of “individual with a disability.” The team should now consider the need for a 504 Plan (i.e., what, if any, specific interventions are necessary for the student to have an opportunity commensurate with nondisabled students of approximately the same age in the facility’s educational program.)

District Commitment

Building 504 Coordinator

Date

Parent:

- _____ I have been informed of my due process rights and procedural safeguards.
- _____ I agree with the eligibility determination.
- _____ I disagree with the eligibility determination, but will not seek a due process hearing.
- _____ I disagree with the eligibility determination and would like information on how to request a due process hearing.

Parent Signature

Date