

Woodridge Local School District

504 ELIGIBILITY DETERMINATION

Student Name _____ Student # _____ Grade _____ Date _____
 School _____ Birth Date _____ Parent(s) _____
 School Contact Person _____ Position _____

TEAM MEMBERS

(fill in names and check whether knowledgeable about the...)

child

meaning of
evaluation data

accommodations/
placement options

Variety of sources of evaluation information: (indicate each one used)

- | | |
|---|--|
| <input type="checkbox"/> achievement tests
<input type="checkbox"/> adaptive behavior
<input type="checkbox"/> medical report (required for medical condition)
<input type="checkbox"/> other (specify): _____ | <input type="checkbox"/> teacher recommendation/observation
<input type="checkbox"/> student work samples
<input type="checkbox"/> cognitive assessments |
|---|--|

Evaluation Data

Specify Nature of Mental or Physical Impairment: _____

Major Life Activity	School Related Description of Impairment (a)	Source of Information (b)	Severity* <u>diminimis</u> <u>profound</u>					Duration (check one) short term long term		Substantial <u>Limitations?</u> (c) Yes No	
			1	2	3	4	5				
caring for oneself			1	2	3	4	5			Yes	No
performing manual tasks			1	2	3	4	5			Yes	No
walking			1	2	3	4	5			Yes	No
seeing			1	2	3	4	5			Yes	No
hearing			1	2	3	4	5			Yes	No
speaking			1	2	3	4	5			Yes	No
breathing			1	2	3	4	5			Yes	No
learning			1	2	3	4	5			Yes	No
working			1	2	3	4	5			Yes	No
other (d)			1	2	3	4	5			Yes	No

- (a) description of educational-related behaviors associated with specific major life activities affected by mental or physical condition.
- (b) listing of persons and/or evaluation techniques used for identifying behaviors associated with impairment.
- (c) based on consideration of the nature, severity, and duration of the impairment.
- (d) other major life activities might include bending, stooping, reaching
 - The team's determination was less than "4" in severity; the student is not eligible for Section 504 protections. Provide notice to parents of their procedural rights, including an impartial hearing.

OR

- The team's determination was a "4" or above. The team should determine and list on the 504 Accommodation Plan the specific accommodations that are necessary for the student to have an opportunity commensurate with non-disabled students of approximately the same age in this district.

cc: Student's Cumulative Folder
District 504 Coordinator
Teachers of Student
Guidance Counselor

*1 = insignificant 2 = mild 3 = moderate 4 = severe 5 = profound

7/04
10/06