

### SECTION 504 EVALUATION DETERMINATION OF SECTION 504 ELIGIBILITY

Date: \_\_\_\_\_ Student: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

The 504 Team includes persons with knowledge of each of the following three areas: (1) the student, (2) the meaning of the evaluation data, and (3) the placement options. The 504 Team reviewed and carefully considered the following information (written or oral). Check each that applies.

- |  |  |
|--|--|
| <input type="checkbox"/> Grade reports                 | <input type="checkbox"/> Parent input                |
| <input type="checkbox"/> Discipline/attendance records | <input type="checkbox"/> Teacher/administrator input |
| <input type="checkbox"/> Standardized and other tests  | <input type="checkbox"/> Student work portfolio      |
| <input type="checkbox"/> School health information     | <input type="checkbox"/> SAT team suggestions        |
| <input type="checkbox"/> Medical evaluations/diagnoses | <input type="checkbox"/> Other _____                 |

Based on the evaluation data gathered from a variety of sources, the Section 504 Team answered the following questions to determine Section 504 eligibility:

1. Does the student have a physical or mental impairment?  (YES)  (NO)

If Yes, describe the impairment:

2. Does the physical or mental impairment substantially limit one or more major life activities?  (YES)  (NO)

If Yes, check the major life activities in which the student is substantially limited. If not listed, describe here:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> caring for oneself      | <input type="checkbox"/> speaking      | <input type="checkbox"/> a major bodily function |
| <input type="checkbox"/> performing manual tasks | <input type="checkbox"/> breathing     | <input type="checkbox"/> immune system           |
| <input type="checkbox"/> hearing                 | <input type="checkbox"/> learning      | <input type="checkbox"/> normal cell growth      |
| <input type="checkbox"/> eating                  | <input type="checkbox"/> reading       | <input type="checkbox"/> digestive               |
| <input type="checkbox"/> sleeping                | <input type="checkbox"/> concentrating | <input type="checkbox"/> bowel                   |
| <input type="checkbox"/> walking                 | <input type="checkbox"/> thinking      | <input type="checkbox"/> bladder                 |
| <input type="checkbox"/> standing                | <input type="checkbox"/> communicating | <input type="checkbox"/> neurological            |
| <input type="checkbox"/> lifting                 | <input type="checkbox"/> working       | <input type="checkbox"/> brain                   |
| <input type="checkbox"/> bending                 |  | <input type="checkbox"/> respiratory             |
|  |  | <input type="checkbox"/> circulatory             |
|  |  | <input type="checkbox"/> endocrine               |
|  |  | <input type="checkbox"/> reproductive functions  |

3. Does the student need Section 504 services or related services to receive equal opportunity to participate in the school's activities and programs?  (YES)  (NO)

The student is eligible for a 504 Plan if all questions were answered "Yes." If any answer is "No," the student is not eligible for a 504 Plan.

**Based on the 504 Team's determinations:**

**Not Eligible**

- The student is not eligible for services under Section 504.
- The student is no longer eligible for Section 504 and is exited from the program.
- Other \_\_\_\_\_

**Eligible**

- The student is eligible under Section 504. A 504 Plan will be developed for the student.
- The student remains eligible under Section 504 and will continue on a 504 Plan, to be modified as and when appropriate.

The Section 504 Team members state their agreement or disagreement with the determination:

NAME	POSITION	AGREE or DISAGREE	
_____	_____	<input type="checkbox"/> I agree	<input type="checkbox"/> I disagree
_____	_____	<input type="checkbox"/> I agree	<input type="checkbox"/> I disagree
_____	_____	<input type="checkbox"/> I agree	<input type="checkbox"/> I disagree
_____	_____	<input type="checkbox"/> I agree	<input type="checkbox"/> I disagree
_____	_____	<input type="checkbox"/> I agree	<input type="checkbox"/> I disagree
_____	_____	<input type="checkbox"/> I agree	<input type="checkbox"/> I disagree
_____	_____	<input type="checkbox"/> I agree	<input type="checkbox"/> I disagree

If a parent disagrees with the Team's decision, please give your reason for the disagreement, in writing, to the 504 Coordinator. The parent may use the District's local grievance procedure.

A copy of this completed evaluation for \_\_\_\_\_ (student's name) was provided to the parent  by mail  in person on: \_\_\_\_\_.

\_\_\_\_\_  
Building 504 Coordinator

Building 504 Coordinator will forward the grievance to the district office.