**Section 504 Eligibility Determination**

(to be used for both initial eligibility and termination of services)

**Student Name:**       Eligibility Meeting Date:       DOB:

Gender:       Grade:       School:       Parent/Guardian:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Evaluation Information Considered and Impact of Disability on Major Life Activity**

|  |  |  |  |
| --- | --- | --- | --- |
| **Physical or Mental Impairment** | **Major Life Activity Impacted** | **Data Considered (list date created, source, and attach)** | **Level of Limitation (NA, mild, moderate, substantial)** |
|       |       |       |       |
|       |       |       |       |

**Actions to be Taken:**

**Eligible:** The student has a physical or mental impairment, which substantially limits 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.

 [ ]  Parents decline a Section 504 Accommodation Plan at this time.

 [ ] The team recommends in addition to a Section 504 Plan that further

evaluation for possible IDEA eligibility be pursued.

**Not Eligible:** The student does not have a physical or mental disability that significantly limits one or more major life activities.

 [ ]  No further action is needed at this time.

 [ ]  An individual health plan will address the student’s need for health

 services.

**Exited:** The student is no longer eligible for Section 504 services.

 [ ]  Student no longer meets eligibility

 [ ]  Other, please specify:

**Graduated:** Date Support for Accommodation Request offered

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Eligibility Determination Team Members**

|  |  |
| --- | --- |
| **Name and Title** | **Required Team Members** |
|  | **Member knowledgeable about the student (parent or staff member)** |
|  | **Member knowledgeable about the meaning of evaluation data** |
|  | **Member who can allocate district resources** |
|  | **Other team members** |