

SECTION 504 ELIGIBILITY DETERMINATION REPORT



Name:
School:
Date of Plan:

Date of Birth:
Age:
Grade:

☒ Initial Section 504 Evaluation

☐ Section 504 Reevaluation

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

SOURCES OF DATA: (Check the data obtained for the evaluation. All data obtained must be carefully considered.)

<input type="checkbox"/> Grades	<input type="checkbox"/> Individual Achievement Tests
<input type="checkbox"/> Parent Report	<input type="checkbox"/> Work Samples
<input type="checkbox"/> Classroom Teacher(s) Report	<input type="checkbox"/> Group Achievement Test
<input type="checkbox"/> School Records	<input type="checkbox"/> Medical Report(s)
<input type="checkbox"/> Multidisciplinary Evaluation Date:	<input type="checkbox"/> IEP Date:
<input type="checkbox"/> Other Information Used:	

Committee Determination

1. ☐ Yes ☐ No The student has a physical or mental impairment.

<input type="checkbox"/> Asthma	<input type="checkbox"/> Dyslexia	<input type="checkbox"/> Muscular Dystrophy
<input type="checkbox"/> Attention Deficit Disorder/ADHD	<input type="checkbox"/> Emergent Allergy	<input type="checkbox"/> Orthopedic Impairment
<input type="checkbox"/> Brain Injury	<input type="checkbox"/> Emotional Illness	<input type="checkbox"/> Recovering Chemically Dependent
<input type="checkbox"/> Cancer	<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Seizure Disorder (Epilepsy)
<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> Minimal Brain Dysfunction	<input type="checkbox"/> Speech Impairment
<input type="checkbox"/> Development Aphasia	<input type="checkbox"/> Multiple Sclerosis	<input type="checkbox"/> Visual Impairment
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Other:	

2. ☐ Yes ☐ No The physical or mental impairment substantially limits one or more major life activities or major bodily functions?

a. major life activities are substantially limited:

<input type="checkbox"/> Bending	<input type="checkbox"/> Concentrating	<input type="checkbox"/> Lifting	<input type="checkbox"/> Sleeping	<input type="checkbox"/> Walking
<input type="checkbox"/> Breathing	<input type="checkbox"/> Eating	<input type="checkbox"/> Performing manual tasks	<input type="checkbox"/> Speaking	<input type="checkbox"/> Working
<input type="checkbox"/> Caring for one's self	<input type="checkbox"/> Hearing	<input type="checkbox"/> Reading	<input type="checkbox"/> Standing	<input type="checkbox"/> Other:
<input type="checkbox"/> Communicating	<input type="checkbox"/> Learning	<input type="checkbox"/> Seeing	<input type="checkbox"/> Thinking	

b. major bodily functions substantially limited:

<input type="checkbox"/> Bladder	<input type="checkbox"/> Digestive System	<input type="checkbox"/> Normal Cell Growth
<input type="checkbox"/> Bowel	<input type="checkbox"/> Endocrine System	<input type="checkbox"/> Respiratory System
<input type="checkbox"/> Brain	<input type="checkbox"/> Immune System	<input type="checkbox"/> Reproduction
<input type="checkbox"/> Circulatory/Cardiovascular System	<input type="checkbox"/> Neurological System	<input type="checkbox"/> Other:

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Committee Determination Continued:



Name:

Date of Birth:

School:

Age:

Date of Plan:

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1. Describe, as a result of the physical or mental impairment, how the student is substantially restricted as to the condition, manner or duration under which the student can perform a particular major life activity as compared to the condition, manner or duration under which the student of the same age/grade level in the general population can perform that same major life activity:

☐ Yes ☐ No The student is eligible under Section 504/ADA as a person with a disability.

☐ Yes ☐ No The student requires related aids and services, including but not limited to, accommodations/modifications/interventions.

Committee Recommendation:

☐ A Section 504 Plan is recommended and attached.

☐ The student does not have a physical or mental impairment that substantially limits a major life activity and is not eligible for a Section 504 Plan.

☐ The student has an impairment that substantially limits a major life activity, but does not require a Section 504 Plan.

Section 504 Committee

Name

Title
