

**Section 504**  
**Student Eligibility Determination Worksheet/Meeting Summary**

Student's Name: _____	Date of Birth: _____	Grade: _____
School: _____	Date of Meeting: _____	
Section 504 Case Manager: _____	Title: _____	

**A. The purpose of the meeting:**

- Review initial referral
- Determine eligibility under Section 504; and if eligible, consider whether regular or special education, or related aid or services are required for Student to receive equal access to school programs and services or to receive FAPE
- Re-evaluation to review eligibility determination due to new information
- Reevaluation due to change in placement (related to discipline)
- Review before other significant change in placement
- Review/revise Section 504 Plan

**B. 504 Team Members Present** *(Must include individuals who are knowledgeable about the student, the meaning of evaluative data, and placement options)*

Name: _____	Role: _____
Name: _____	Role: _____
Name: _____	Role: _____
Name: _____	Role: _____
Name: _____	Role: _____

**C. Review student's current academic and overall performance in all school programs and activities.**

Include and attach referral information if this is an initial referral, and describe nature of concerns, basis for suspecting disability, and impact of suspected disability on student (including academic, social, behavioral etc.)

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**D. Eligibility Determination:**

*A student is eligible to receive services and/or accommodations under Section 504 if it is determined that he/she has a physical or mental impairment that substantially limits one or more major life activities. The team must consider a variety of sources when determining whether a student has such impairment.*

1. What sources of information are available at this time? **Check all that apply**  
*(Include relevant dates and names of evaluators, where appropriate.)*

- School records review (dated) \_\_\_\_\_
- Observations of student (dated) \_\_\_\_\_
- Grades & report card review (dated) \_\_\_\_\_
- Teacher reports (dated) \_\_\_\_\_
- Parent and/or student report (dated) \_\_\_\_\_
- Informal assessments (dated) \_\_\_\_\_

- Medical information (dated) \_\_\_\_\_  Nursing Assessment (dated) \_\_\_\_\_
- Standardized testing (dated) \_\_\_\_\_  Parent/Student Interviews (dated) \_\_\_\_\_
- Checklists/behavior rating scales (dated) \_\_\_\_\_
- Other (dated) \_\_\_\_\_

2. Is current available information sufficient to make the determination of the presence of a physical or mental impairment that substantially limits a major life activity?

- Yes If "YES," continue to number 3 below.
- No If "No," Specify the type of additional information that is needed: \_\_\_\_\_

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- If the team determines additional information is necessary and the information to be obtained includes testing, team must obtain parent consent on *Consent for Section 504 Evaluation form; tests/evaluations recommended by the team shall be conducted at District expense. Parent may wish to provide outside evaluation and/or testing information from a qualified provider to be considered by the team; such evaluations and/or testing shall be at Parent expense. District shall consider such outside information at team meeting, and must determine whether the information provided by the Parent meets the District's standards for evaluators and evaluations. If it is necessary to communicate with outside providers, the District must obtain a release to communicate with professionals outside of district. Once needed information is gathered, a 504 meeting will be reconvened to continue the process of determining eligibility.*

3. Does the student have one or more physical or mental impairments?

*A "physical or mental impairment" means (a) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems, such as: neurological, musculoskeletal, special sense organs, respiratory (including speech organs), cardiovascular, reproductive, digestive, genitourinary, immune, circulatory, hemic, lymphatic, skin, and endocrine or (b) any mental or psychological disorder, such as intellectual disability, organic brain syndrome, emotional or mental illness, and specific learning disability. Physical or mental impairment includes, but is not limited to, contagious and noncontagious diseases and conditions such as the following: orthopedic, visual, speech, and hearing impairments, and cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, intellectual disability, emotional illness, dyslexia and other specific learning disabilities, Attention Deficit Hyperactivity Disorder, Human Immunodeficiency Virus infection (whether symptomatic or asymptomatic), tuberculosis, drug addiction, and alcoholism.*

- NO  YES

**If "NO":** If no physical or mental impairment exists, the student is not identified as an individual with a disability. Go to **Section E** of this form.

**If "YES":** What are the impairments? *Please describe as recognized in DSM-5 or other respected source, if possible, if not excluded under Section 504/ADA (e.g., illegal drug use).*

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- **Attach all supporting documentation to this form. A statement of "YES" without supporting documentation is insufficient to meet this standard.**

- **If the team determines that the student is identified as having one or more physical or mental impairments, continue to the next page to determine whether there is a substantial limitation to one or more major life activities.**

4. Does the identified impairment substantially limit one or more major life activities? Please describe degree of limitation as compared to other students. Ask: Is the impairment impacting one or more major life activities? Which ones? How is one or more major life activity impacted? What is the impact at school?)

*A “major life activity” includes, but is not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, sitting, reaching, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, interacting with others, and working. A major life activity also includes the operation of a major bodily function, such as the functions of the immune system, special sense organs and skin, normal cell growth, and digestive, genitourinary, bowel, bladder, neurological, brain, respiratory, circulatory, cardiovascular, endocrine, hemic, lymphatic, musculoskeletal, and reproductive systems. The operation of a major bodily function includes the operation of an individual organ within a body system.*

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**5. Mitigating Measures:**

In determining eligibility, the team must consider the impact of the disability without consideration of the ameliorative effects of any “mitigating measures” that the student may be using. For example, if the student is currently using a hearing aid, did the team consider whether the student would have a physical or mental impairment that substantially limits a major life activity if the student were not using the hearing aid?

Therefore, with respect to this student, did the team consider the impact of the disability on a major life activity without the potential impact of mitigating measures (except eyeglasses or contact lenses)?

Yes  No

*Mitigating measures include, but are not limited to, (a) medication, medical supplies, equipment, appliances, low-vision devices (defined as devices that magnify, enhance, or otherwise augment a visual image, but not including ordinary eyeglasses or contact lenses), prosthetics including limbs and devices, hearing aid(s) and cochlear implant(s) or other implantable hearing devices, mobility devices, oxygen therapy equipment and supplies; (b) use of assistive technology; (c) reasonable modifications or auxiliary aids or services; (d) learned behavioral or adaptive neurological modifications; or (e) psychotherapy, behavioral therapy, or physical therapy.*

**Please include any information relevant to consideration of mitigating measures:**

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**E. Does the student have a disability under Section 504?**

1. Does the student have one or more **physical or mental Impairments**?  No  Yes

2. Does the physical or mental impairment **substantially limit** one or more Major Life Activity?  No  Yes

Both questions must be answered **YES**, based on the preceding review of evaluative data, in order to determine that the student **has a disability under Section 504** of the Rehabilitation Act.

3. Based on the answers to #1 and #2 above, does the student have a disability under Section 504?  No  Yes

If the answer to #3 is "No," skip to Section I. If the answer to #3 is "Yes," continue to Section F.

**F. Does the student require a Section 504 Accommodation Plan in order to provide the student with a free appropriate public education and access to the school's programs (e.g. curriculum, extra-curricular activities, facilities, etc.)?**

- No  Yes

If "Yes," the team must develop a Section 504 Plan.

**G. Is this a re-evaluation (i.e. review of current plan/status) before a significant change in placement (e.g., review of new information)?**

- No  Yes [If "NO," skip to Section H]

1. What is the anticipated significant change of placement?

- New information received about the student, the impairment or current placement  
 Graduation  
 Change in program due to Disciplinary Action  
 Other (specify) \_\_\_\_\_

Please describe the updated information considered by the team in conducting the reevaluation.

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If additional information, individualized testing and/or evaluations are necessary to determine continued eligibility and/or what is needed in the Student's Plan to provide FAPE, please indicate.

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2. Consider: Is the student still eligible?  No  Yes

3. If "Yes," does the Plan as currently written provide FAPE?  Yes  No

4. If "No," what changes to the plan are required? Explain basis for each decision in light of information gathered in re-evaluation. \_\_\_\_\_

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**H. Other Relevant Information Discussed at Meeting, including any requests rejected, and basis for such rejection.**

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**I. Summary of Actions Taken**

- Parent/Guardian (or student if age 18 or over) was provided written notice of rights under Section 504 at the meeting.
- Insufficient information is available to determine student's eligibility. More evaluative information will be obtained prior to convening another Section 504 Team Meeting.
- Student is identified as a person with a disability under Section 504 and in need of regular or special education, or related services or aids
  - A Section 504 Plan was developed.
- Student is NOT identified as a person with a disability under Section 504.
- A reevaluation has been conducted
  - Additional information and/or evaluations are required
- A re-valuation prior to significant change in placement has been conducted
- Other (please specify) \_\_\_\_\_

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Recorder

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Title