

**Section 504**  
**Student Eligibility Determination Worksheet**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_

Date of Meeting: \_\_\_\_\_ Current School: \_\_\_\_\_  
Grade: \_\_\_\_\_

Case Manager: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ Home phone: \_\_\_\_\_  
\_\_\_\_\_ Work phone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ Home phone: \_\_\_\_\_  
\_\_\_\_\_ Work phone: \_\_\_\_\_

Reason for Meeting: Initial \_\_\_\_ Review \_\_\_\_ Revise Plan \_\_\_\_

**Describe the nature of the concern:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Describe any evaluation procedure, tests, recommendations or documentation used as a basis for the decision:**

- |   |  |
|---|--|
| <input type="checkbox"/> Cognitive:(dated)_____             | <input type="checkbox"/> Social/Emot./Beh:(dated)_____ |
| <input type="checkbox"/> Classroom Observation:(dated)_____ | <input type="checkbox"/> Developmental:(dated)_____    |
| <input type="checkbox"/> Health/Med:(dated)_____            | <input type="checkbox"/> Adaptive:(dated)_____         |
| <input type="checkbox"/> Communication:(dated)_____         | <input type="checkbox"/> Motor:(dated)_____            |
| <input type="checkbox"/> Achievement:(dated)_____           |  |

Other:(dated)\_\_\_\_\_

**If further medical information is needed in order to determine eligibility, please specify steps to be taken to verify and/or obtain additional information:**

- \_\_\_\_\_ Consent to communicate with student’s physician/medical provider requested
- \_\_\_\_\_ Request for Parent(s)/Guardian(s) to provide additional medical information
- \_\_\_\_\_ Consultation with school district’s medical advisor and/or school nurse requested
- \_\_\_\_\_ Other (please describe):\_\_\_\_\_

**Specify the mental or physical disability:**

\_\_\_\_\_  
(as recognized in DSM-IV or other respected source if not excluded under 504/ADA, e.g. illegal drug use)

**Indicate the Major Life Activity Substantially Affected by the Disability:**

\_\_\_\_\_

\_\_\_\_\_ **Does Require a 504 Plan**

\_\_\_\_\_ **Does NOT Require a 504 Plan**

**Updated: November 6, 2013**