**Section 504 Evaluation Summary and**

**Determination of Eligibility**

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| Student Name: | |  | | | | Date of Birth: |  | | Meeting Date: | |  | |
| Student Number: | | |  | School: |  | | | | | Grade: | |  |
| Sources of Data Achievement Tests  Grades  Medical Reports  Parent Report  School Records  Teacher(s) Report  Work Samples  Other | | | | | | | | | | | | |
| Evaluation Summary Based on evaluation data gathered from a variety of sources, answer the following questions to determine Section 504 eligibility. | | | | | | | | | | | | |
| Yes | No | | Does the student have a physical or mental impairment? The Section 504 regulations define a “physical or mental impairment” as any mental or physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: | | | | | | | | | |
| neurological  musculoskeletal  special sense organs  cardiovascular  reproductive  digestive | | genito-urinary  hemic and lymphatic  skin  endocrine  mental retardation | | | respiratory, including speech organs  organic brain syndrome  emotional or mental illness  specific learning disabilities  other: | | | | |
| Yes | No | | Does the physical or mental impairment affect one or more major life activities? If so, which major life activity or activities are affected? To fall within the protection of Section 504, a student’s physical or mental impairment must have a substantial limitation (permanent or temporary) on one or more major life activities:  caring for oneself  performing manual tasks  walking  seeing  hearing  speaking  breathing  learning  working  eating  sleeping  standing  lifting  bending  reading  concentrating  thinking  communicating  digestive  bowel  bladder  immune system  neurological  brain  respiratory  normal cell growth  circulatory  endocrine  reproductive  other | | | | | | | | | |
| Yes | No | | Does the physical or mental impairment substantially limit a major life activity? | | | | | | | | | |

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| Eligibility Determination Based on the team’s review of all of the information collected, the evaluation team determined the following regarding your student: | |
| If all three questions were answered “Yes,” the student is identified as a qualified individual with a disability and is eligible under Section 504. | |
|  | **Eligible and Accommodation Plan Required.** Your student has a qualifying disability under Section 504 of the Rehabilitation Act. Your student requires an accommodation plan to ensure that he/she receives an appropriate education. |
| If any of the above three answers is “No,” the student is not a qualified individual with a disability under Section 504, and the second page of this form should not be completed because the student is not eligible for services or accommodations under Section 504. | |
|  | **Not Eligible.** Your student:  does not have a physical or mental impairment which substantially limits one or more major life activities, does not have a record of such an impairment, or is not regarded as having such an impairment and is, therefore, not eligible for a 504 Accommodation Plan at this time.  does have a physical or mental impairment, which substantially limits one or more major life activities; however, your student is not in need of additional accommodation as he or she is currently being served on an Individualized Education Plan (IEP) under the provisions of the IDEA. All accommodations necessary for your student are currently outlined on the IEP.  does not have a continuing need of a 504 Accommodation, as a result of the following ameliorating circumstances. |

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| Section 504 Team | | | | |
| Student Name: | |  | Signature: |  |
| Parent Name: | |  | Signature: |  |
| 504 Coordinator: | |  | Signature: |  |
| LEA: | |  | Signature: |  |
| Team Member: | |  | Signature: |  |
| Team Member: | |  | Signature: |  |
|  | Parent has received a copy of Section 504 Evaluation Summary and Determination of Eligibility. | | | |
|  | A copy of Section 504 Evaluation Summary and Determination of Eligibility has been retained for student file. | | | |