

PROGRAMS FOR STUDENTS WITH DISABILITIES
(504 Eligibility Determination)

Student=s Name: _____ Date of Birth: _____
School: _____ Grade: _____ Date of Meeting: _____

Evaluation Sources Considered
(Attach copies or summaries of sources in written form.)

District Information

- | | |
|--------------------------|---|
| _____ Health | _____ Parent and/or Student Concerns |
| _____ Hearing | _____ District Multidisciplinary Evaluation |
| _____ Vision | _____ District Performance Reports |
| _____ Motor Skills | _____ Attendance Reports |
| _____ Cognitive/Adaptive | _____ Discipline Reports |
| _____ Speech/Language | _____ Professional Observations |
| _____ Social/Emotional | _____ Alternative Intervention Results |
| _____ Academic/Grades | _____ Other: _____ |

Outside Information

- _____ Medical Reports
_____ Psychological Reports
_____ Other: _____

Findings

1. Based on the information reviewed, does the student have a mental or physical impairment as defined by law?
G No
G Yes (specify): _____
2. Based on the information reviewed, which of the following major life activities, if any, is affected?
G No major life activities are affected.
G The following major life activities are affected:
G Seeing G Walking G Working
G Hearing G Speaking G Caring for Self
G Learning G Breathing G Performing Manual Tasks
G Sleeping G Standing G Lifting
G Bending G Reading G Concentrating

G Thinking

G Communicating

G Operation of a major bodily function (for example: function of the immune, respiratory, digestive, circulatory, reproductive or endocrine systems; cell growth; bowel or bladder function; neurological or brain function)

Explain: _____

3. Does the student need accommodations above and beyond what is provided to any students to receive an equal opportunity to participate in district programs and activities?

G Yes (explain): _____

G No (explain): _____

4. Based on the answers recorded above, does the student meet the eligibility criteria under Section 504 of the Rehabilitation Act of 1973?

G Yes

G No

504 Team Members
(Use as many lines as needed.)

1. Print Name: _____ / _____ / _____

Print Title/Relationship: _____

Knowledgeable About: ___ Child ___ Evaluation Data ___ Accommodations/Placement

I agree/disagree (circle one) with the conclusions of this determination.

Signature: _____

2. Print Name: _____ / _____ / _____
Print Title/Relationship: _____
Knowledgeable About: ___ Child ___ Evaluation Data ___ Accommodations/Placement
I agree/disagree (circle one) with the conclusions of this determination.

Signature: _____

3. Print Name: _____ / _____ / _____
Print Title/Relationship: _____
Knowledgeable About: ___ Child ___ Evaluation Data ___ Accommodations/Placement
I agree/disagree (circle one) with the conclusions of this determination.

Signature: _____

4. Print Name: _____ / _____ / _____
Print Title/Relationship: _____
Knowledgeable About: ___ Child ___ Evaluation Data ___ Accommodations/Placement
I agree/disagree (circle one) with the conclusions of this determination.

Signature: _____

5. Print Name: _____ / _____ / _____
Print Title/Relationship: _____
Knowledgeable About: ___ Child ___ Evaluation Data ___ Accommodations/Placement
I agree/disagree (circle one) with the conclusions of this determination.

Signature: _____

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Note: The reader is encouraged to review policies and/or procedures for related information in this administrative area.

Implemented: 08-06-2007

Revised: 03-11-2010

Tri-County RVII School District; Jamesport MO