

SECTION 504 ELIGIBILITY DETERMINATION FORM

Student's Name: _____

Parent's Name(s): _____

School: _____ Grade: _____

Date of Birth: _____

Date of Meeting: _____

Type of Evaluation:

- ☐ Initial
- ☐ Reevaluation (no more than once a year; no less than every three years; before a significant change in placement)

Parental Notice Issued: Date: _____**Parental Consent Obtained:** Date: _____

Attach documented proof.

Sources of Evaluation Information:

- | | |
|---|--|
| <input type="checkbox"/> Aptitude tests | <input type="checkbox"/> Medical report |
| <input type="checkbox"/> Achievement tests | <input type="checkbox"/> Parent input |
| <input type="checkbox"/> Student's work | <input type="checkbox"/> Student's disciplinary records |
| <input type="checkbox"/> Attendance records | <input type="checkbox"/> Academic/behavioral interventions |
| <input type="checkbox"/> Teacher recommendations/observations | |
| <input type="checkbox"/> Psychological evaluations | |
| <input type="checkbox"/> Other: _____ | |

Eligibility Determination Team:

The following individuals have been selected to make a placement determination because they are knowledgeable about the child, the meaning of the evaluation data, and the placement options (e.g., parents, student's teacher(s), Section 504 Coordinator, individuals who conducted the evaluation, counselor, etc.).

504 Coordinator or team leader: _____

Team Members:

_____	_____
_____	_____
_____	_____
_____	_____

Eligibility Criteria (all must be answered "yes" for a student to be eligible):

1. Does the student have a physical or mental impairment (i.e., any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive, digestive, genito-urinary; hemic and lymphatic; skin; and endocrine; or any mental

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or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.)

☐ Yes

☐ No

If yes, specify the impairment: _____

2. Does the impairment affect one or more major life activities?

☐ Yes

☐ No

Which major life activity?

☐ Caring for oneself

☐ Performing manual tasks

☐ Seeing

☐ Hearing

☐ Eating

☐ Sleeping

☐ Walking

☐ Standing

☐ Lifting

☐ Bending

☐ Speaking

☐ Breathing

☐ Learning

☐ Reading

☐ Concentrating

☐ Communicating

☐ Operation of a major bodily function

☐ Working

☐ Other: _____

NOTE: Do not check "seeing" if the physical impairment can be corrected or reduced through the use of eyeglasses or contact lenses.

Describe how the major life activity is affected (do not take into account mitigating measures such as medication): _____

3. Will the impairment last for an extended period of time (i.e., more than six months)?

☐ Yes

☐ No

4. Is the student substantially limited in the major life activity(ies) (use the average student in the general population as the frame of reference for comparison):

☐ Yes

☐ No

(NOTE: Substantially limits means unable to perform a major life activity that a student of approximately the same age can perform or significantly restricted as to the condition, manner, or duration under which a particular life activity is performed as compared to the average student of approximately the same age.)

Determination:

- ☐ The student has a physical or mental impairment that substantially limits a major life activity.

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If yes, course of action:

- ☐ Develop a 504 plan (i.e., accommodations that the school will provide and an explanation of when they will be provided).
 - ☐ Continue present services with no changes (check this only if this evaluation is being conducted for purposes of re-evaluation).
 - ☐ Modify the present program (check this only if this evaluation is being conducted for purposes of re-evaluation).
- ☐ The student's impairment does not substantially limit one or more major life activities. The student does not meet Section 504 criteria.

The student's parent(s) has been provided with a copy of this determination.

Parent's signature: _____

Date: _____

End of Glen Ullin School District #48 Exhibit FDE-E Adopted 01-13-2021