



# 504 ELIGIBILITY DETERMINATION (Form G)



Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_ Building 504 Coordinator: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Parent's Address: \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**504 Team Members:** (fill in names and check areas of knowledge):

| <u>Name of Team Member</u> | <u>Child</u>             | <u>Meaning of Eval. Data</u> | <u>Accommodations or Placement Options</u> |
|----------------------------|--------------------------|------------------------------|--|
| _____                      | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/>                   |
| _____                      | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/>                   |
| _____                      | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/>                   |
| _____                      | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/>                   |
| _____                      | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/>                   |

**Sources of evaluation information:** (indicate each area where information reported and reviewed)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> medical report          | <input type="checkbox"/> achievement tests    | <input type="checkbox"/> adaptive behavior    |
| <input type="checkbox"/> teacher recommendations | <input type="checkbox"/> teacher observations | <input type="checkbox"/> student work samples |
| <input type="checkbox"/> cognitive assessments   | <input type="checkbox"/> other: _____         |   |

1. Specify the mental or physical impairment: \_\_\_\_\_

2. Check the major life activity that is affected by the impairment:

- |  |                                   |                                    |                                   |
|--|-----------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Caring for oneself      | <input type="checkbox"/> Speaking | <input type="checkbox"/> Breathing | <input type="checkbox"/> Standing |
| <input type="checkbox"/> Performing manual tasks | <input type="checkbox"/> Lifting  | <input type="checkbox"/> Seeing    | <input type="checkbox"/> Learning |
| <input type="checkbox"/> Concentrating           | <input type="checkbox"/> Walking  | <input type="checkbox"/> Hearing   | <input type="checkbox"/> Working  |
| <input type="checkbox"/> Sleeping                | <input type="checkbox"/> Bending  | <input type="checkbox"/> Reading   | <input type="checkbox"/> Thinking |
| <input type="checkbox"/> Communicating           | <input type="checkbox"/> Eating   |                                    |                                   |
- Operations of major bodily functions (circle, as appropriate: immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, or reproductive functions)

3. Determine the impact of the impairment on the major life activity:

- a. The team must focus on the major life activity as a whole (e.g., learning), not on a particular class (e.g., math) or sub-area (e.g., socialization; study skills)
- b. The term "substantially limits" means that the student is restricted as to the conditions, manner, or duration under which a particular major life activity can be performed as compared to the average student in the general population. The restriction is material/important.

- c. Do not consider the ameliorative effects of mitigating measures such as medication, medical supplies, equipment, or appliances, low vision devices (excluding ordinary eyeglasses or contact lenses), prosthetics, hearing aids and cochlear implants, mobility devices, oxygen therapy equipment and supplies, assistive technology, reasonable accommodations or auxiliary aids and services, or learned behavioral or adaptive neurological modifications.
  - d. Discount from the analysis any sub-par performance due to factors other than an impairment, such as lack of motivation, the immediate situation or environment, lack of appropriate instruction.
  - e. For episodic impairments or impairments that go into remission, determine substantial limitation when the impairment is in the active state.
4. After an analysis of impact per #3 , place an "X" on the following scale to indicate the degree that the impairment (in #1) limits the major life activity (in #2). For an "X" at 4.0 or above, fill in specific information evaluated by the team that justifies the rating:

|        |                    |       |
|--------|--------------------|-------|
| 5----- | -----Extremely     | _____ |
| 4----- | -----Substantially | _____ |
| 3----- | -----Moderately    | _____ |
| 2----- | -----Mildly        | _____ |
| 1----- | -----Negligibly    | _____ |

The team’s determination was less than 4.0. The student is not eligible for Section 504 nondiscrimination protections. Consider a general education intervention plan. Provide notice to parents of their procedural rights, including an impartial hearing.

—OR—

The team’s determination was a 4.0 or above. The student is eligible for Section 504 nondiscrimination protections. The team should consider the need for a 504 Plan (i.e., what, if any, specific interventions are necessary for the student to have an opportunity commensurate with nondisabled students of approximately the same age in the facility’s educational program).

District Commitment:

\_\_\_\_\_  
Building 504 Coordinator

\_\_\_\_\_  
Date

Parent:

- I have been informed of my due process rights and procedural safeguards.
- I agree with the eligibility determination.
- I disagree with the eligibility determination, but will not seek a due process hearing.
- I disagree with the eligibility determination and would like information on how to request a due process hearing.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date