



Meeting Date \_\_\_\_\_

**Section 504 Eligibility Determination Report**

STUDENT NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

PPS ID#: \_\_\_\_\_ ATTENDING SCHOOL: \_\_\_\_\_ Grade: \_\_\_\_\_

| Meeting Participants (list or sign) | Area of Knowledge Relative to this Meeting |                          |                                   |
|-------------------------------------|--|--------------------------|-----------------------------------|
|                                     | Student                                    | Evaluation Data          | Accommodations/ Placement options |
|                                     | <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"/>          |

EDUCATIONAL HISTORY AND PRESENT EDUCATIONAL PLACEMENT STATUS:

SOURCES OF EVALUATION INFORMATION (include date and descriptor):

RESULTS OF ASSESSMENTS:

PRESENT LEARNING AND EDUCATION PERFORMANCE DESCRIPTION:

1. Current Classes and Grades:

2. School Attendance:

3. Other relevant information:

## Team Determinations

1. Does the student have a physical or mental impairment under Section 504? \_\_\_ Yes \_\_\_ No

If yes, describe: \_\_\_\_\_

If no, explain: \_\_\_\_\_

2. Does the student's impairment substantially limit one or more major life activities? (*do not consider impact of medication, etc.*) If yes, check appropriate box(es) below:

| Physical   | Cognitive/Learning/<br>Communication  | Multiple/Activities of<br>Daily Living  | Bodily Functions  |
|--|---|---|---|
| <input type="checkbox"/> Bending<br><input type="checkbox"/> Hearing<br><input type="checkbox"/> Lifting<br><input type="checkbox"/> Seeing<br><input type="checkbox"/> Standing<br><input type="checkbox"/> Walking<br><input type="checkbox"/> _____ | <input type="checkbox"/> Communicating<br><input type="checkbox"/> Concentrating<br><input type="checkbox"/> Learning<br><input type="checkbox"/> Reading<br><input type="checkbox"/> Speaking<br><input type="checkbox"/> Thinking<br><input type="checkbox"/> _____ | <input type="checkbox"/> Caring for oneself<br><input type="checkbox"/> Eating<br><input type="checkbox"/> Performing manual tasks<br><input type="checkbox"/> Sleeping<br><input type="checkbox"/> Working<br><input type="checkbox"/> _____ | <input type="checkbox"/> Bowel and bladder functioning<br><input type="checkbox"/> Breathing/ respiratory system<br><input type="checkbox"/> Circulatory system<br><input type="checkbox"/> Digestive system<br><input type="checkbox"/> Endocrine system<br><input type="checkbox"/> Immune system<br><input type="checkbox"/> Neurological and brain functioning<br><input type="checkbox"/> Normal cell growth<br><input type="checkbox"/> Reproductive system<br><input type="checkbox"/> _____ |

If yes, describe how each selected activity is substantially limited:

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3. Does the student need accommodations, services or supports to access the benefits of public education at a level similar to the average student? (*consider medications, etc.*)

|                              |  |
|------------------------------|--|
| <input type="checkbox"/> Yes | <i>If yes, complete 504 Student Accommodation Plan</i> |
| <input type="checkbox"/> No  | <i>If no, explain:</i>                                 |

This two-page document constitutes the District's notice to parents regarding the child's eligibility or non-eligibility under Section 504.

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Building/Program Section 504 Coordinator /Date

C: Parent  
Student Cumulative File