



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

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

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.

 Building/Program Section 504 Coordinator /Date

C: Parent
 Student Cumulative File

GO'AANKA KOOXDA

1. Ma leeyahay ardaygu Taagdar maskaxeed ama mid muuqata see Qaybta 504?

Calaamee: ___Haa ___Maya

Hadii ay haa tahay, sharax:

Hadii ay maya tahay, sharax:

2. Ardaygu miyuu ka liitaa si muuqata mid ama ka badan howlaha nolosha ee ugu muhimsan? Hadii ay haa tahay, fadlan calaamee mida ay tahay kuwa xagga hoose lagu dhigay

Jirka	Garashada/Barashada/ Xiriirka	Dhowr/Hawlmaalmeedka Noolaha maalintii	Shaqooyinka Jirku Qabto
<input type="checkbox"/> Foorarsiga <input type="checkbox"/> Maqalka <input type="checkbox"/> Qaadista <input type="checkbox"/> Aragga <input type="checkbox"/> Istaagid/joogsiga <input type="checkbox"/> Socodka <input type="checkbox"/> _____	<input type="checkbox"/> Xiriirtaanka <input type="checkbox"/> Fiirsiga qoto dheer <input type="checkbox"/> Barashada <input type="checkbox"/> Akhriska <input type="checkbox"/> Hadalka <input type="checkbox"/> Fikirka <input type="checkbox"/> _____	<input type="checkbox"/> Isdaryeelid <input type="checkbox"/> Cunida <input type="checkbox"/> Qabashada shaqooyinka gacanta laga qabto <input type="checkbox"/> Hurdada <input type="checkbox"/> Shaqada <input type="checkbox"/> _____	<input type="checkbox"/> Shaqada midhicirka iyo kaadi-haysta <input type="checkbox"/> Habdhiska Neefsig/Neefsashada <input type="checkbox"/> Habdhiska wareega dhiiga <input type="checkbox"/> Habdhiska dheef-shiidka <input type="checkbox"/> Habdhiska dareenwadaha <input type="checkbox"/> Habdhiska isdifaaca jirka <input type="checkbox"/> Shaqada dareemayaasha/maskaxda <input type="checkbox"/> Koriinka unugga caadiga ah <input type="checkbox"/> Habdhiska taranka <input type="checkbox"/> _____

Hadii ay haa tahay, sida uu oga gaabiyey howlahaa ama ay u xadidanyihiin:

3. Ardaygu ma u baahanyahay daryeel gaar ah, adeeg ama caawin si uu oga faa'iidayso waxbarashada guud heer la mid ah heerka ardayda kale ee caadiga ah?

Haa	<i>Hadii ay haa tahay, buuxi 504 Qorshaha Daryeel ee Ubadka</i>
Maya	<i>Hadii ay maya tahay, sharax:</i>

Waraaqaga labadan-bog waxay ka koobanyihiin wargelinta degmadda eek u jeeda waalidiinta tan la xidhiidha mudnaanta ama mudnaan la'aanta ubadkooda ee Qaybta 504.

Dhismana/Isuduwaha Barnaamijka 504 /Taariikhda