

SAU 24

SECTION 504 ELIGIBILITY DETERMINATION FORM [Long Form]

Student's Name: _____	DOB: _____	Age: _____
School: _____	Grade: _____	
Case Manager/Contact Person: _____	Position: _____	Date of Meeting _____

A. Purpose of Meeting

- Determine initial eligibility under Section 504 and consider need for accommodations/related aids or services.
- Review eligibility under Section 504
- Review eligibility and accommodations/related aids or services before significant change in placement. (complete sections A, B, D, F and G only).

B. 504 Eligibility Team Members: (check the categories that apply to each team member below)

NAME/POSITION:	KNOWLEDGEABLE ABOUT:		
	<input type="checkbox"/> Child	<input type="checkbox"/> Meaning of Evaluation Data	<input type="checkbox"/> Accommodations/Placement Options
	<input type="checkbox"/> Child	<input type="checkbox"/> Meaning of Evaluation Data	<input type="checkbox"/> Accommodations/Placement Options
	<input type="checkbox"/> Child	<input type="checkbox"/> Meaning of Evaluation Data	<input type="checkbox"/> Accommodations/Placement Options
	<input type="checkbox"/> Child	<input type="checkbox"/> Meaning of Evaluation Data	<input type="checkbox"/> Accommodations/Placement Options

C. Review student's current academic status and educational performance. Include and attach referral information if this is an initial referral. *(Describe nature of concern.)* _____

D. Eligibility Determination:

Individuals considered eligible for protection from discrimination under Section 504 are those who have a physical or mental impairment which substantially limits a major life activity. To make the determination of "disability" under Section 504, both conditions must be present.

1. What source of information is available to make this determination? Check all that apply (include relevant dates and names of evaluators, where appropriate):

- | | |
|---|---|
| <input type="checkbox"/> School records review (dated) _____
<input type="checkbox"/> Grades and report card review (dated) _____
<input type="checkbox"/> Parent and/or student report (dated) _____
<input type="checkbox"/> Medical/health information (dated) _____
<input type="checkbox"/> Standardized testing (dated) _____
<input type="checkbox"/> Functional Behavioral Assessment (FBA) (dated) _____
<input type="checkbox"/> Other: _____ | <input type="checkbox"/> Observations of student (dated) _____
<input type="checkbox"/> Teacher reports (dated) _____
<input type="checkbox"/> Checklists, rating scales (dated) _____
<input type="checkbox"/> Nursing Assessment (dated) _____
<input type="checkbox"/> Parent/student interviews (dated) _____
<input type="checkbox"/> Response to intervention (RTI) (dated) _____
<input type="checkbox"/> Informal assessments (dated) _____ |
|---|---|

2. Is information available to make the determination of the presence of a physical or mental impairment that substantially limits a major life activity?

- Yes If "Yes", continue to number 3 below.
- No If "NO", specify the type of additional information that is needed: _____

- > If the information to be obtained includes testing, obtain parent consent on Consent for Section 504 Testing Form. If it is necessary to communicate with outside providers, obtain a release. Once needed information is gathered, reconvene a 504 Team meeting and continue the process of determining eligibility.

3 Does the student have a physical or mental impairment?

A "physical or mental impairment" means a) 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, genitourinary, hemic and lymphatic, skin, and endocrine or b) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

YES NO

If "**NO**": If no physical or mental impairment exists, the student is not identified as an individual with a disability. Go to **Section G** on page 5 of this form.

If "**Yes**": What is the impairment (if known)?¹ (As recognized in DSM-IV or other respected source, if not excluded under Section 504/ADA, e.g., illegal drug use).__

- > Attach all supporting documentation to this form. A statement of "YES" without supporting documentation is insufficient to meet this standard.
- > If the Team determines that the student is identified as having a physical or mental impairment, continue to section 4 below to determine whether there is a substantial limitation of a major life activity.

4 Does the identified impairment substantially limit a major life activity?

In order to meet this standard, the student **must be unable to perform a major life activity** that the student's average peers can perform (compared to national norms, not local norms) **OR**, the student **must be restricted to a substantial degree** as to the condition, manner, or duration under which the major life activity when compared to most students at that grade level in the general population (compared to national norms, not local norms).

Use the chart below to determine the presence of a substantial limitation. First, identify the major life activity affected. Second, determine whether the student is unable to perform the major life activity OR whether there is a restriction of condition, manner or duration. Finally, if there is a restriction, determine the severity of the restriction.

Check the major life activity(ies) affected by the impairment(s):

<input type="checkbox"/> seeing	<input type="checkbox"/> hearing	<input type="checkbox"/> caring for oneself	<input type="checkbox"/> breathing
<input type="checkbox"/> walking	<input type="checkbox"/> learning	<input type="checkbox"/> working	<input type="checkbox"/> eating
<input type="checkbox"/> sleeping	<input type="checkbox"/> standing	<input type="checkbox"/> lifting	<input type="checkbox"/> bending
<input type="checkbox"/> reading	<input type="checkbox"/> concentrating	<input type="checkbox"/> thinking	<input type="checkbox"/> communicating
<input type="checkbox"/> speaking	<input type="checkbox"/> performing manual tasks	<input type="checkbox"/> operation of a major bodily function	
<input type="checkbox"/> sitting	<input type="checkbox"/> reaching	<input type="checkbox"/> interacting with others	<input type="checkbox"/> other

- > Rate the severity and impact of the impairment(s) only on those major life activities checked above:

NOTE: Severity ratings of 3 and above are considered to be reflective of "substantial" limitation. Consider the nature, severity, duration or expected duration of the impairment, and the permanent or long-term impact resulting from the impairment. The ameliorative effects of mitigating measures, such as the use of medications, personal devices such as hearing aids, learned behavioral or adaptive neurological modifications or reasonable accommodations may not be considered at this stage of the analysis, other than the use of eyeglasses or contact lenses. Conditions that are in remission or episodic in nature qualify as disabilities if substantially limiting in their active state.

¹ The 504 Team does not itself diagnose the student

Place an "X" on the following scale to indicate the specific degree that the impairment(s) (in #3) limits each of the major life activities checked above:

Major Life Activity	Ability to Perform a Major Life Activity <i>Mark "No" if the student is <u>unable</u> to perform this major life activity. No further rating required.</i>	OR	Restriction of Condition, Manner, or Duration of Performing a Major Life Activity <i>To what degree is the student restricted as to the condition, manner, or duration under which the major life activity is performed in comparison to the average person in the general population.</i>	Based on the review: Is there at least a substantial limitation?												
Caring for oneself	<input type="checkbox"/> YES <input type="checkbox"/> NO	OR	<table border="0"> <tr> <td>Mild</td> <td>Moderate</td> <td>Substantial</td> <td>Severe</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> </table>	Mild	Moderate	Substantial	Severe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Performing Manual Tasks	<input type="checkbox"/> YES <input type="checkbox"/> NO	OR	<table border="0"> <tr> <td>Mild</td> <td>Moderate</td> <td>Substantial</td> <td>Severe</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> </table>	Mild	Moderate	Substantial	Severe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Seeing	<input type="checkbox"/> YES <input type="checkbox"/> NO	OR	<table border="0"> <tr> <td>Mild</td> <td>Moderate</td> <td>Substantial</td> <td>Severe</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> </table>	Mild	Moderate	Substantial	Severe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Eating	<input type="checkbox"/> YES <input type="checkbox"/> NO	OR	<table border="0"> <tr> <td>Mild</td> <td>Moderate</td> <td>Substantial</td> <td>Severe</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> </table>	Mild	Moderate	Substantial	Severe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Sleeping	<input type="checkbox"/> YES <input type="checkbox"/> NO	OR	<table border="0"> <tr> <td>Mild</td> <td>Moderate</td> <td>Substantial</td> <td>Severe</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> </table>	Mild	Moderate	Substantial	Severe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Walking	<input type="checkbox"/> YES <input type="checkbox"/> NO	OR	<table border="0"> <tr> <td>Mild</td> <td>Moderate</td> <td>Substantial</td> <td>Severe</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> </table>	Mild	Moderate	Substantial	Severe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Speaking	<input type="checkbox"/> YES <input type="checkbox"/> NO	OR	<table border="0"> <tr> <td>Mild</td> <td>Moderate</td> <td>Substantial</td> <td>Severe</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> </table>	Mild	Moderate	Substantial	Severe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Learning	<input type="checkbox"/> YES <input type="checkbox"/> NO	OR	<table border="0"> <tr> <td>Mild</td> <td>Moderate</td> <td>Substantial</td> <td>Severe</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> </table>	Mild	Moderate	Substantial	Severe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Major Life Activity	Ability to Perform a Major Life Activity	OR	Restriction of Condition, Manner, or Duration of Performing a Major Life Activity	Based on the review: Is there <i>at least</i> a substantial limitation?
	Mark "No" if the student is <i>unable</i> to perform this major life activity. No further rating required.	OR	To what degree is the student restricted as to the condition, manner, or duration under which the major life activity is performed in comparison to the average person in the general population.	
Reading	<input type="checkbox"/> YES <input type="checkbox"/> NO	OR	Mild Moderate Substantial Severe <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO
Concentration	<input type="checkbox"/> YES <input type="checkbox"/> NO	OR	Mild Moderate Substantial Severe <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO
Thinking	<input type="checkbox"/> YES <input type="checkbox"/> NO	OR	Mild Moderate Substantial Severe <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO
Communicating	<input type="checkbox"/> YES <input type="checkbox"/> NO	OR	Mild Moderate Substantial Severe <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO
Working	<input type="checkbox"/> YES <input type="checkbox"/> NO	OR	Mild Moderate Substantial Severe <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO
Operation of a major bodily function	<input type="checkbox"/> YES <input type="checkbox"/> NO	OR	Mild Moderate Substantial Severe <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO
Interacting with others	<input type="checkbox"/> YES <input type="checkbox"/> NO	OR	Mild Moderate Substantial Severe <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO
Other (Identify)	<input type="checkbox"/> YES <input type="checkbox"/> NO	OR	Mild Moderate Substantial Severe <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO

The team's determination was less than a "3." The student is not eligible for section 504 protections. Provide notice to parents of their procedural rights.

OR

The team's determination was a "3" or above. The student has a physical or mental impairment that substantially limits a major life activity, and is eligible as a person with a disability. The Team should next determine what, if any specific accommodations and/or related aids or services are NECESSARY for the student to have an opportunity COMMENSURATE WITH NON-DISABLED STUDENTS in the district. Here the 504 Team should factor in any mitigating measures that the student is using, such as hearing aids, etc. Some students, although disabled, may require no accommodations and/or related aids.

*If the student is not eligible as a person with a disability, skip to **Section G**. If the student is eligible as a person with a disability, continue to **Section E**.*

E. The Section 504 Accommodation Plan.

Does the student *require* accommodations and/or related aids or services in order to provide the student access to educational programs (e.g. curriculum, facilities, etc.)? Please note that mitigating measures (such as the effect of medication, use of hearing aids and other personal devices), should be considered here when considering whether a condition *requires* accommodation in order for the student to access his/her education.

YES NO

If "Yes," the Team must list the accommodations and related aids or services in a Section 504 Plan.

F. Is this an evaluation before a significant change in placement?

Yes No

If "No", skip to **Section G**.

1. What is the anticipated significant change of placement?

Discontinuance of 504 Plan Change in program due to disciplinary action Other (specify) __

2. Review the student's current progress, credit status, needs & 504 Accommodation Plan.

3. Consider: does the 504 Plan continue to be necessary for the student?

YES NO

4. If "Yes," is it appropriate as designed?

YES NO

5. If "No," revise the accommodation plan.

G. Summary of Actions Taken

Parent/Guardian (or student if age 18 or over) was offered a notice of procedural safeguards at the meeting. If parent/guardian or eligible student did not attend, notice and a copy of this form will be mailed.

Insufficient information is available to determine student's eligibility. More evaluative information will be obtained prior to convening another 504 Team Meeting.

Student is identified as a person with a disability under Section 504.

A Section 504 Accommodation Plan was developed that includes accommodations and/or related aids or

The 504 Team needs additional information before drafting a 504 Plan at this time.

The student does not require any accommodations and/or related aids or services at this time.

Student is NOT identified as a person with a disability under Section 504.

An evaluation (which may consist of a review of existing records and other information from a variety of sources) prior to a significant change in placement has been conducted.

Other (please specify): __

Recorder

Title

Received by district administrator:

Date: _____

Signature

Recall that students with a past "record" of a disability may occasionally need an accommodation such as time away from school for a check up on their former condition.