

PROGRAMS FOR STUDENTS WITH DISABILITIES
(504 Eligibility Determination)

Student's Name: _____ Birthdate: _____
School: _____ Grade: _____ Date of Meeting: _____

Evaluation Sources Considered
(Attach copies or summaries of sources in written form.)

District Information

- | | |
|---|--|
| <input type="checkbox"/> Health | <input type="checkbox"/> Parent and/or Student Concerns |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> District Multidisciplinary Evaluation |
| <input type="checkbox"/> Vision | <input type="checkbox"/> District Performance Reports |
| <input type="checkbox"/> Motor Skills | <input type="checkbox"/> Attendance Reports |
| <input type="checkbox"/> Cognitive/Adaptive | <input type="checkbox"/> Discipline Reports |
| <input type="checkbox"/> Speech/Language | <input type="checkbox"/> Professional Observations |
| <input type="checkbox"/> Social/Emotional | <input type="checkbox"/> Alternative Intervention Results |
| <input type="checkbox"/> Academic/Grades | <input type="checkbox"/> Other: _____ |

Outside Information

- Medical Reports
 Psychological Reports
 Other: _____

Findings

- Based on the information reviewed, does the student have a mental or physical impairment as defined by law?
 No
 Yes (specify): _____
- Based on the information reviewed, including any mitigating measures, is the student *substantially* limited in one (1) of the following major life activities:
 No
 Yes (specify all areas of *substantial* limitation):

<input type="checkbox"/> Seeing	<input type="checkbox"/> Walking	<input type="checkbox"/> Working
<input type="checkbox"/> Hearing	<input type="checkbox"/> Speaking	<input type="checkbox"/> Caring for Self
<input type="checkbox"/> Learning	<input type="checkbox"/> Breathing	<input type="checkbox"/> Performing Manual Tasks

Critical

3. Does the student need accommodations to receive an equal opportunity to participate in district programs and activities?

Yes (explain): _____

No (explain): _____

4. Based on the answers recorded in 1, 2 and 3 above, does the student meet the eligibility criteria under Section 504 of the Rehabilitation Act of 1973?

Yes

No

504 Team Members
(Use as many lines as needed.)

1. (Print Name): _____ / _____ / _____
(Print Title/Relationship): _____
Knowledgeable About: ___ Child ___ Evaluation Data ___ Accommodations/Placement
I agree/disagree (circle one) with the conclusions of this determination.

Signature: _____

2. (Print Name): _____ / _____ / _____
(Print Title/Relationship): _____
Knowledgeable About: ___ Child ___ Evaluation Data ___ Accommodations/Placement
I agree/disagree (circle one) with the conclusions of this determination.

Signature: _____

3. (Print Name): _____ / _____ / _____
(Print Title/Relationship): _____
Knowledgeable About: ___ Child ___ Evaluation Data ___ Accommodations/Placement
I agree/disagree (circle one) with the conclusions of this determination.

Signature: _____

4. (Print Name): _____ / _____ / _____
(Print Title/Relationship): _____
Knowledgeable About: ___ Child ___ Evaluation Data ___ Accommodations/Placement
I agree/disagree (circle one) with the conclusions of this determination.

Signature: _____

5. (Print Name): _____ / _____ / _____
(Print Title/Relationship): _____
Knowledgeable About: ___ Child ___ Evaluation Data ___ Accommodations/Placement
I agree/disagree (circle one) with the conclusions of this determination.

Signature: _____

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Note: *The reader is encouraged to review policies and/or procedures for related information in this administrative area.*

Implemented: 08/27/2007

Clinton School District #124, Clinton, Missouri