

## Section 504 Eligibility and Planning Worksheet

Student Name: \_\_\_\_\_ School: \_\_\_\_\_ Date: \_\_\_\_\_

**1. What is the student's primary impairment? \_\_\_\_\_ If there are secondary impairments, please list \_\_\_\_\_**

*Please list evidence/evaluation data used to make this determination and attach the information (a doctor's documentation is not always needed). Remember that we don't diagnose conditions; we determine eligibility based on need. The definition of a "disability" is much looser in 504 than SPED.*

- |   |   |
|---|---|
| <input type="checkbox"/> SPED Testing         | <input type="checkbox"/> Doctor's note or recommendations |
| <input type="checkbox"/> Grades               | <input type="checkbox"/> _____                            |
| <input type="checkbox"/> End of Level Testing | <input type="checkbox"/> _____                            |
| <input type="checkbox"/> Attendance           | <input type="checkbox"/> _____                            |

**2. How does the disability limit major life activities for the student?**

Major life activity impacted	Description of the NATURE of how the impairment affects/impacts the major life activity in the school setting	Source of Information (data and/or person)	Severity	Duration	Substantial Limitation? Yes or No
			1-5/Mild-Severe	How long will the impact last?	
			1 2 3 4 5		Yes No
			1 2 3 4 5		Yes No
			1 2 3 4 5		Yes No
			1 2 3 4 5		Yes No

Major life activities include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, breathing, learning, reading, concentrating, thinking, communicating, working, interacting with others, functions of the immune system, normal cell growth, and digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine and reproductive functions.

Be sure to take into account any other non-disability related factors that may be affecting the student's performance (mood swings, motivation, etc.) However, remember that mitigating measures may not be taken into account when determining if the student has a disability, but they may when determining whether a 504 plan is necessary.

### 3. Are services required to allow the student to have educational opportunities commensurate with their nondisabled peers?

- Think of the student's substantial limitations from #2. Use the following chart to match those needs with appropriate services. The plan should focus on current situation and needs rather than future concerns or projections. Remember that it is possible for a student to have a disability and substantial limitation but NOT need a 504 plan for commensurate opportunity.
- Do not rely on presumptions or stereotypes about persons or classes of persons with certain disabilities (cookie-cutter plans or laundry lists of accommodations); evaluation and service determinations should be based on individual needs as shown by data and evaluation.

Student Need to Accommodate	Accommodation	Title of Responsible Individuals

If the team determines that the student is eligible for a 504 plan, use this information to fill out the 504 plan in **My Student**, then print the plan and get signatures. Also document information from the meeting in **Tracker** in **My Student**. Keep this form in the file to show the process the team went through in making the eligibility determination.

Eligibility Determination

Based on the analysis of the evaluation data, does the student have a disability that substantially limits a major life activity?

- \_\_\_\_\_ No, the student is not eligible
- \_\_\_\_\_ Yes, the student is eligible, and requires a Section 504 Accommodation Plan
- \_\_\_\_\_ Yes, the student is eligible but does not require a 504 Accommodation Plan because of the corrective effects of mitigating measures, or the impairment is episodic or in remission – Or \_\_\_\_\_

<u>TEAM MEMBER'S NAME</u>	<u>TITLE</u>	<u>TEAM MEMBER'S SIGNATURE</u>	<u>DATE</u>

Parental Notice

I have received a copy of this Section 504 Eligibility and Planning Worksheet and have received a copy of the Notice of Parent Rights.

X \_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date