



Burlington - Edison Public Schools

Special Program

927 East Fairhaven Avenue Burlington, WA 98233
(360) 757-3311 Fax (360) 755-9198

Section 504 Eligibility Determination

Student: **Enter Name**
Date of Birth: **Enter DOB**
Grade: **Choose Grade**

Meeting Date: **Enter Date**
Parent/Student Rights Provided: **Yes/No**
School: **Choose School**

504 Eligibility/Placement teams must be comprised of persons knowledgeable about the student, the meaning of the student's evaluation data, and accommodations/placement options.

Meeting Participants	The Student	Means of Evaluation	Accommodations or Placement Option
Name, Parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participant, Role	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A school-aged student meets the legal description of Statute 504 as having a "disability" and should have a 504 Plan in place; if the team above concurs that the student has a physical or mental impairment which substantially limits one or more major life activities.

Indicate the Source(s) of evaluation used to make the eligibility determination and attach supporting documentation:

- | | | |
|--|--|---|
| <input type="checkbox"/> Developmental History | <input type="checkbox"/> State and District Assessment | <input type="checkbox"/> Work Samples |
| <input type="checkbox"/> Medical Documentation | <input type="checkbox"/> Student Interview | <input type="checkbox"/> <input type="text"/> |
| <input type="checkbox"/> Parent Data | <input type="checkbox"/> Teacher Documentation | <input type="checkbox"/> <input type="text"/> |

Specify the Mental or Physical Impairment: **Note the disability, and if available attach documentation of disability**

When documenting the impairment, the team should consider the following:

- Is the impairment recognized in DSM-IV or other respected source, or*
- Is the student being regarded as having such an impairment*

Identify the major life activity, or activities, the impairment limits: **Document the major life activity, or activities. Describe how they are limited, partially in relation to educational performance.**

When documenting the major life activities, the team should consider the following:

- *Major life activities include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking communicating, and working.*

Specify the degree to which the impairment limits the major life activity: **Level of Degree**

When determining degree of impairment the team should consider the following:

- *Focus on a major life activity as a whole (e.g., learning), not in a sub-area (e.g. math),*
- *Use the average student in the general population as a frame of reference, and*
- *Discount from the analysis sub-par performance due to other factors, such as normal moods, lack of motivation, and immediate situation or environment.*

Eligibility Determination:

- ☐ **Eligible** The student has a physical or mental impairment which substantially limits one or more major life activities. A Section 504 Plan should now be developed and implemented.
- ☐ **Not Eligible** The student either has a physical or mental disability that does not substantially limit one or more major life activities, or has no physical or mental disability.
- ☐ **Exited** The student is no longer eligible for 504 services because:
- ☐ Student no longer meets eligibility
 - ☐ Graduated on: _____
 - ☐ Other, please specify: _____

Provide parents/student a copy of this document and a copy of Parent/Student Rights.

Parent or Guardian Signature/Adult Student

Date

Parent or Guardian Signature/Adult Student

Date

Section 504 Case Manager

Date

Other – Role

Date